

Healthwatch Stockport AGM Booking Form

Name [Please Print in Capitals]:

Healthwatch Stockport Member Y N

Email address:

Contact telephone number

Will you be bringing anybody else with you?:

Yes No Please state how many:

Please provide names and whether they are Healthwatch Stockport members

Do you have any access to the meeting requirements?:

Please send completed booking forms to:
Healthwatch Stockport, Copyrite House, 1 Levens Road, Hazel Grove, Stockport
SK7 5DL

Email - info@healthwatchstockport.co.uk

Call us on 0161 974 0753

YOU MUST BOOK YOUR PLACE BY 9TH SEPTEMBER 2016