

Registration Form

Please, send.....ticket(s) at £10 each (Individuals, trade unions, educational, voluntary, non organisations)

Please, send ...ticket(s) at £25 each other organisations. Please, make cheques payable to **TUC**

OR please debit my union's account code ☐☐☐☐☐☐

OR debit my Visa/Mastercard Acc. No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: ☐☐/☐☐ Cardholder name _____ Signature _____

OR please issue an invoice in respect ofplaces for this event.

Name.....Organisation.....

Address.....

.....Postcode.....

Email.....Tel.....

Please, tick the following, if applicable:

☐ I would like to use crèche facilities. The ages of the child(ren) are _____

☐ I require a sign language interpreter for the deaf

☐ I have the following dietary needs _____

☐ I have the following accessibility requirements _____

Please, return this form before Friday 26 November 2004 to: Pat Brown, EUIRD, TUC, Congress House, Great Russell Street, London WC1B 3LS. Fax 020 74671211 E-mail: pbrown@tuc.org.uk

Please, visit the TUC website: <http://www.tuc.org.uk/extras/HIVAIDSflyer.pdf> or contact Pat Brown, European Union and International Relations Department, Tel 020 74671226 Fax 020 74672830 for further information.