

**RESPONDING TO RURAL LEARNING NEEDS IN NORTH WALES**  
**Friday 23<sup>rd</sup> November 2007**  
**CONFERENCE BOOKING FORM**

Please complete one form per delegate, using photocopies where necessary, and send to the following address by 2<sup>nd</sup> November 2007.

**GWLAD, School of Lifelong Learning, Bangor University, Dean Street, Bangor LL57 1UT**  
**or email [ems20b@bangor.ac.uk](mailto:ems20b@bangor.ac.uk)**

Please place a tick or cross against any of the following if required:

I will require assistance with child care

I will require a sign interpreter

**Personal Details**

Delegate Name (Mr/Mrs/Miss/Ms/Dr).....

Job Title..... Department.....

E-mail.....

Contact Name (if different).....

Job Title..... Department.....

Company Name.....

Mailing Address .....

.....

..... Country.....

Phone..... Fax.....

**Special Dietary/Access Requirements**

Vegetarian

Vegan

Other (please specify).....

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Wheelchair access required.....

