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**‘Exploring Parkinson’s with Art’ workshop**

**Tuesday • 28th July 2015 • 10.30-12.30pm**

**Lewis Glucksman Gallery University College Cork**

**REGISTRATION FORM**

**Please email completed form to braintalk@ucc.ie**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details:** | |  | |
| ***Forename:*** *(enter first name)* | | ***Surname:*** *(enter surname)* | |
| ***Email address:*** *(enter email)* | | ***Phone number:*** *(enter number)* | |
| ***Address******for correspondence****: (enter address)* | | | |
| *Please indicate below which category you will be attending as: (tick box)* | | | |
| *Person with Parkinson’s* | *Family or carer of person with Parkinson’s* | | *Healthcare professional* |
| *Academic/researcher* | *Student/researcher* | | *Other* |
| **Dietary Information:**  As we are providing lunch, do you have any dietary requirements?  If yes please give details here: *(enter details)* | | |  |
| *(Tick box)* |
| **Meeting and Exhibition September 7th Glucksman Gallery UCC:**  *Will you also be attending the Parkinson’s Community Meeting on September 7th in UCC? (Tick box)*  *Will you be submitting an art piece for inclusion in the Exhibition? (Tick box)*  If yes please give details here: *(enter details)* | | | |
| *Will you be attending the launch of the Exhibition at 4.30pm? (Tick box)* | | | |
| **Dinner:**  *Will you be attending the post meeting Dinner at the River Lee Hotel at 6.00pm? (tick box)* | | | |

*Please note: all items for inclusion in the exhibition should be submitted to a member of the organising team on the*

*morning of the meeting.*

***Additional Persons:*** *if you are bringing a companion(s) please fill in their details in page(s) below, additional persons may register separately.*

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**REGISTRATION FORM - accompanying person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details:** | |  | |
| ***Forename:*** *(enter first name)* | | ***Surname:*** *(enter surname)* | |
| ***Email address:*** *(enter email)* | | ***Phone number:*** *(enter number)* | |
| ***Address******for correspondence****: (enter address)* | | | |
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| *Person with Parkinson’s* | *Family or carer of person with Parkinson’s* | | *Healthcare professional* |
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