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| --- | --- |
| **Full Name** |  |
| **Job title** |  |
| **Company / Organisation** |  |
| **Telephone details** |  |
| **Email details** |  |

**For those who require a Parliamentary Pass:**

|  |  |
| --- | --- |
| **Date of Birth** |  |
| **ID card number**  |  |
| **or** |
| **Passport number** |  |
| **Nationality** |  |
|  |
| **Diet requirements** |  |

**To comply with the new data legislation, we would be grateful if you would tick the boxes below**

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[ ]  I hereby consent that my pictures are used by EFM for communication. I understand that these images may appear publicly as part of EFM’s website and/or other communication materials

[ ]  I hereby consent that my name, surname and title are published by EFM for communication purposes. I understand that this information may be printed at the event.

**Please email this registration form to Caroline Richmond**

**crichmond@euromanuforum.com**