

Form 9

Deadline for Return: 31 May 2010



Please Fax Back to:
0191 213 0910



Exhibitor Badges

Please complete in type or block capitals (we cannot be held responsible for mistakes resulting from illegible handwriting)

Company Name:	Stand No:
Address:	
Postcode:	
Contact Name:	Telephone No:
Fax No:	E-mail:
Your Signature	Job Title:

Please list all the names of all the individuals below who will be on your stand or representing your organisation during the course of the Conference. All individuals named will be supplied with their own name badge.

PLEASE NOTE EXHIBITORS ARE ASKED TO WEAR THEIR NAME BADGES AT ALL TIMES WHEN IN THE EXHIBITION HALL. THE ORGANISERS RESERVE THE RIGHT TO REFUSE ADMISSION OR REQUEST AN INDIVIDUAL TO LEAVE THE HALL IF THEY ARE NOT DISPLAYING THEIR BADGE.

Name	Organisation

Please return this form to:
NAEP Conference 2010,
Disability North,
The Dene Centre,
Castle Farm Road,
Gosforth,

Newcastle Upon Tyne, NE3 1PH

For all enquires Tel: 0191 233 6719 or E-mail: events@disabilitynorth.org.uk