ACMD

Advisory Council on the Misuse of Drugs

**OPEN MEETING REGISTRATION FORM**

To register for this **free** event please complete and return this registration form by 9th April 2014to [ACMD@homeoffice.gsi.gov.uk](mailto:ACMD@homeoffice.gsi.gov.uk) or post to ACMD Secretariat, 3rd Floor (SW), Seacole Building, 2 Marsham Street, London SW1P 4DF

**Attendee Details** (\* required information)

|  |  |
| --- | --- |
| Title\* |  |
| First name\* |  |
| Surname\* |  |
| Position (where applicable) |  |
| Organisation (where applicable) |  |

**Contact Details**

|  |  |
| --- | --- |
| Address\* |  |
| Post Code\* |  |
| E-mail\*  (we prefer to contact you by e-mail) |  |
| Telephone Number \* |  |
| Fax |  |
| Mobility needs or  other special  requirements |  |
| If your registration is successful you will receive an e-mail invitation providing details and a map of the location. Please bring this to the meeting. On arrival at the venue you will be issued with an I.D. badge with details of your name and organisation (where applicable) indicated as above. | |

**General information**

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| The meeting will begin at 2:30pm. Refreshments will be available from 2:15pm  Admittance to the meeting room will be from 2:30pm |