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 **21st November 2015** to ACMD@homeoffice.gsi.gov.uk or post to ACMD Secretariat, 1st Floor (NE), Peel 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 **3pm.** Refreshments will be available from **2.45pm**Admittance to the meeting room will be from **3pm**  |