**REGISTRATION FORM**

**Revitalising Small Retailers - Regional Workshop**

**09.02.2017**

**Warsaw**

**Deadline to submit your registration: 3 February 2017**

**DISCLAIMER**

*Any information provided will be considered as strictly confidential. Data are collected for the specific objective of the event itself and its follow up, according to the Regulation (EC) No 45/2001.*

[x]   *I agree that, in the context of this workshop, video and/or audio recordings and pictures can be taken of me for use in workshop related communications.*

**PERSONAL DETAILS**

Title\*:  Ms [ ]  Mr [ ]  Other [ ]

First name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CATERING:**

Do you have any dietary needs?

No\* [ ]

Yes\* [ ]

Vegetarian [ ]

Gluten-free [ ]

Lactose-free [ ]

Other [ ]  Please specify special needs you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISABILITIES:**

Do you have a disability which may require any special arrangements?

No\*[ ]

Yes\* [ ]

Please provide details and indicate the nature of the special arrangements that would be necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE:**

The workshop will take place in English. Would you need interpretation / translation from English to Polish or from Polish to English?

No\* [ ]

Yes\* [ ]

Please specify your needs\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Looking forward to welcoming you in Warsaw!