

**CARDIOMYOPATHY ASSOCIATION**  
**INFORMATION DAY, SATURDAY, JUNE 15TH, 2013**  
**Mercure Hotel, Phoenix Way, Swansea Vale, SA7 9EG**

**REGISTRATION**

|   |                                    |                                     |                      |      |             |
|---|------------------------------------|-------------------------------------|----------------------|------|-------------|
| Title:  | First name:                        | Last name:                          |                      |      |             |
| Address   |                                    |                                     |                      |      |             |
|   |                                    | Post code:                          |                      |      |             |
| Home Tel:   |                                    | Mobile:                             |                      |      |             |
| Email: **   |                                    | DOB:                                |                      |      |             |
| <small>** By providing us with your email address, you are giving us permission to email you. You can unsubscribe at any time.</small>                    |                                    |                                     |                      |      |             |
| Do you have cardiomyopathy? Please circle   |                                    | HCM                                 | DCM                  | ARVC | Restrictive |
| Names of other attendees:   | What is their relationship to you? | Do they have cardiomyopathy? Yes/No | What type? See above |      |             |
|   |                                    |                                     |                      |      |             |
| Number of lunches required at £10 per person. Please say if anyone has special dietary requirements. Please tick the box & specify dietary needs overleaf |                                    |                                     |                      |      |             |

Please make cheques payable to the *Cardiomyopathy Association*

Credit/debit card. Card type: Mastercard/Visa /Amex/ other.....

Name on card.....

Card no:

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| Start date |  |  | Expiry date |  |  | Issue/security code |  |  |  |
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Please confirm your booking by completing and returning the form by post or contacting the office on freephone **0800 0181 024**. Please do not e-mail any sensitive financial information. To enable us to plan the meeting effectively an early reply would be most appreciated.

Cardiomyopathy Association – Registered Charity No. 803262 Unit 10, Chiltern Court, Asheridge Road, Chesham, Bucks, HP5 2PX