**Registration for Market Event on 9th March 2018 at St Giles Hotel Bedford Ave, Fitzrovia, London WC1B 3GH – 14.00 to 17.00.**

Note: Places are limited and will be offered on a first come first served basis. This form must be fully completed, signed and submitted via email to [england.london-procurement@nhs.net](mailto:england.london-procurement@nhs.net) by **Tuesday 6th March 2018 at 17:00.** Please note that submission of a completed form is mandatory for attendance at this event.

**I/we are registering our interest in attending the NHS England (London Region) APMS T6 GP Contract Market Event:**

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| **Lead Contact Name and Contact Number:** | |  | | |
| **Organisation name** (Full Legal Entity name): | |  | | |
| **Organisation Address:** | |  | | |
| **Attendee Details:** (**maximum of 2 attendees** per organisation) | | | | |
| **Name** | **Position** | | **Employer** | **Contact Details (Email address and Telephone)** |
|  |  | |  |  |
|  |  | |  |  |
| **Notes:** Please describe any individual requirements or any other comments here (such as wheelchair access requirements etc). | | | |  |

I/we recognise that we attend the event entirely at our own expense and understand that NHS England is under no obligations to reimburse or refund any expenses incurred by any attending organisation for any reason including cancellation of the event.

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| --- | --- | --- | --- |
| **Name:** |  | **Organisation:** |  |
| **Signed:** |  | **Date:** |  |