**Children & Young People’s Emotional Health & Wellbeing Service**

**Market Engagement Event: Provider Registration Form**

**Monday 26th September, 9.00 am - 11.30 am, Harrow Civic Centre, Committee Rooms 1&2**

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| **Provider Registration** |
| Organisation Name: |   |
| Address:  |   |
| Website: |   |
| Organisation/business type: |   |
| Contact Name: |   |
| Contact Email: |  |
| Contact Telephone Number: |   |
| Do you agree for your information to be shared with other Providers? |   |

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| **Delegate Registration** |
| **Delegate 1** |
| Name |   |
| Job Title |   |
| Email Address |   |
| Contact Number |   |
| **Delegate 2** |
| Name |   |
| Job Title |   |
| Email Address |  |
| Contact Number |  |

Would you like to reserve an informal 1:1 conversation? Informal discussions will be confidential and without prejudice and available during **the afternoon of** **Monday 26th September 2016**. Please indicate your preferred time(s) below. Whilst every effort will be made to offer you your preferred time slot, this unfortunately cannot be guaranteed. If there is more demand than anticipated we may also hold further conversations on an alternative date and providers will be notified if this is the case.

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| **12.00 – 12.30 pm** |  | **2.30 – 3.00 pm** |  |
| **12.30 – 1.00 pm** |  | **3.00 – 3.30 pm** |  |
| **1.00 – 1.30 pm** |  | **3.30 – 4.00 pm** |  |
| **1.30 – 2.00 pm** |  | **4.00 – 4.30 pm** |  |
| **2.00 – 2.30 pm** |  | **4.30 – 5.00 pm** |  |