**PHA Stakeholder Engagement Workshops**

**Registration Form**

Please complete and return to cdconsultation@hscni.net ASAP.

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| **Registration Form** |
| **Date** you wish to attend  |  |
| **Venue** you wish to attend  |  |
| Name of person attending |  |
| Name of organisation (if applicable) |  |
| Email address |  |
| Any special requirements |  |