**

**REGISTRATION FORM FOR IN-PERSON DELEGATES**

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| **Personal information form for delegates attending in-person in Utrecht, The Netherlands**  | **Please note that registration is open only for EPSO partners (max 3 per EPSO partner) and invited guests and speakers** |
| **Please complete the following information and return not later than November 1 – 12 -2024 to** info@epsonet.eu | **ONLINE PARTICIPATION VIA TEAMS sessions – only on request. If you want to join online please contact us at** **info@epsonet.eu****.** |
| **First name** |  |  |  |
| **Surname** |  |  |
| **Email address**  |  |  |
| **Function and Organisation**  |  |  |
| **WhatsApp phone number (mobile phone including international code)** |  |  |
| **Country/ Region** |  |  |
| **Diet** | **If you have any special dietary requirements or allergies, please let us know** |  |
| **Special requests (i.e. accessibility)** | **If you have a special request re accessibility or seating, please let us know** |  |
| **Do you consent to having your photos taken at the conference to be shared on our website and social media platforms?** | **YES/NO** |  |
| **Wednesday 11th of December:** |  | **YES/NO** |  |
| Conference Day One |  |  |  |
| **Thurs. 12th of December:** |  | **YES/NO** |  |
| Conference Day Two |  |  |  |
|  |  |  |
|  |  |  |
| **Friday 13th of December** |  | **YES/NO** |  |
| Working group meeting(PM - Not yet planned) |  |  |  |
|  |  |  |
|  |  |  |  |
| Special requests to the organisers  |  |  |  |

**Please email this form to** **info@epsonet.eu** **when ready. Contact us with any questions.**