ACMD

Advisory Council on the Misuse of Drugs

**Diversion & Illicit Supply of Medicines Inquiry – Evidence Gathering Meeting**

**OPEN MEETING REGISTRATION FORM**

To register for this **free** event please complete and return this registration form by **11th June 2014** to [ACMD@homeoffice.gsi.gov.uk](mailto:ACMD@homeoffice.gsi.gov.uk) or post to ACMD Secretariat, 2nd Floor (NW), Seacole Building, 2 Marsham Street, London SW1P 4DF

**Attendee Details** (\* required information)

|  |  |
| --- | --- |
| Title\* |  |
| First name\* |  |
| Surname\* |  |
| Position (where applicable) |  |
| Organisation (where applicable) |  |

**Contact Details**

|  |  |
| --- | --- |
| Address\* |  |
| Post Code\* |  |
| E-mail\*  (we prefer to contact you by e-mail) |  |
| Telephone Number \* |  |
| Fax |  |
| Mobility needs or  other special  requirements |  |
| If your registration is successful you will receive an e-mail invitation providing details and a map of the location. Please bring this to the meeting. On arrival at the venue you will be issued with an I.D. badge with details of your name and organisation (where applicable) indicated as above. | |

**General information**

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| The meeting will begin at 10:30am. Refreshments will be available from 10am  Admittance to the meeting room will be from 10:30am |