

**CARDIOMYOPATHY ASSOCIATION**  
**REGIONAL INFORMATION DAY, SATURDAY, FEBRUARY 27th, 2010**  
**PARK PLAZA, BELFAST INTERNATIONAL AIRPORT**  
**REGISTRATION**

Name							
Address							
Home Tel No							
Email							
Please indicate the type of cardiomyopathy your are interested in:							
HCM		DCM		ARVC		Restrictive	

Number of lunches required at £10 per person. Please say if you have special dietary requirements	
Number of guests or family members attending Please provide the names of guests or family members	

Please make cheques payable to the **CMA**

Credit/debit card. Card type: Mastercard/Visa /Amex/ other.....

Name on card.....

Card no:

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Start date			Expiry date			Issue/security code			
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Please confirm your booking by completing and returning the form, contacting the office on freephone **0800 0181 024** or e-mailing details requested above to **sarah.dennis@cardiomyopathy.org**. To enable us to plan the meeting effectively an early reply would be most appreciated.

Cardiomyopathy Association – Registered Charity No. 803262 Unit 10, Chiltern Court, Asheridge Road, Chesham, Bucks, HP5 2PX