

CARDIOMYOPATHY ASSOCIATION
SWANSEA INFORMATION DAY, SATURDAY, JUNE 20th, 2009
Village Hotel, Langdon Road, Swansea
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	
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 filling in and returning the form or by contacting the office on freephone **0800 0181 024** or emailing **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