** DEL REF NO:**

**Monday 1 – Tuesday 2 July 2019**

Radisson Blu Hotel, East Midlands Airport, DE74 2TZ

* Please complete and return this form via post or email by Monday 10June 2019.
* If you need help completing this form, please contact us.
* Picture-based booking forms for those with aphasia are available upon request.

Post: Natalie Corbett, UK Stroke Assembly, Life After Stroke Centre, Bromsgrove

Worcestershire, B61 8RA

Phone: 01527 903 717

Email: [info@strokeassembly.org.uk](mailto:info@strokeassembly.org.uk)

Here at the Stroke Association we take your privacy seriously and will use your personal information to contact you about your booking, ensure we are able to meet your needs and offer you the best support during the event. We will also use your data for internal anonymous reporting to ensure our future events are suitable and accommodating to the needs of attendees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ticket type** | | | |
| **Early bird rates (until 28 April)** | **Stroke survivor / carer / family / volunteer** | | **Professional / staff** |
| Two day residential ticket | £60 per person 🞎 | | N/A |
| Monday one day ticket | £25 per person 🞎 | | N/A |
| Tuesday one day ticket | £25 per person 🞎 | | N/A |
| **Full rate (28 April – 10 June)** | **Stroke survivor / carer / family / volunteer** | | **Professional / staff** |
| Two day residential ticket | £80 per person 🞎 | | £200 per person 🞎 |
| Monday one day ticket | £35 per person 🞎 | | £100 per person 🞎 |
| Tuesday one day ticket | £35 per person 🞎 | | £100 per person 🞎 |
| **Payment:**  Cheque enclosed 🞎  I will pay over the phone 01527 903 717 🞎  If you wish to pay online you will need to book register on [stroke.org.uk/uksacentral](http://www.stroke.org.uk/uksacentral)    If you need help covering the cost of tickets or travel, please contact us | | | |
| **Delegate details** | | | |
| **Full name** (as will be shown on your badge) | | | |
| **Address**  Postcode | | | |
| Landline **phone**: Mobile **phone**:  **Email:**  Confirmation of your booking will be sent by email | | | |
| **About you:**  Do you have a personal connection to stroke (as a stroke survivor, carer, family or friend or volunteer) Yes 🞎 No 🞎    Do you work in the field of stroke (research, healthcare professional, Stroke Association staff) Yes 🞎 No 🞎 | | | |
| Will you use a **wheelchair / scooter** at the event? | | Yes 🞎 No 🞎 | |
| Do you have **aphasia?** | | Yes 🞎 No 🞎 | |
| Do you have any other **disabilities or requirements**? | | | |
| Please give details of any **help** you may need at the event. | | | |
| Please give details of any special **dietary requirements**. | | | |
| In an **emergency**, what **medical information** should we know and pass on to a **paramedic**, including any **allergies?** Please use a separate sheet if required. | | | |
| Please provide details of **two emergency contacts**  Name: Name:  Relationship to you: Relationship to you:  Phone number: Phone number: | | | |
| **Accommodation** | | | |
| For further details about the accommodation see page 3 of the event information document or visit [stroke.org.uk/uksacentral](http://www.stroke.org.uk/uksacentral)  If you have requested an accessible room we will contact you to discuss how best we can support you.  **Room type:**  Standard room with bath (and overhead shower) 🞎  Standard room with walk – in shower (approx. a 10cm step in to shower) 🞎  Fully accessible room with wet room 🞎  Please only request an accessible room if a standard room would not meet your needs.  Twin beds not available in an accessible room.  I will not be sharing a room 🞎  I am sharing a room with (insert name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and we would like **twin** beds 🞎 **double** bed 🞎  **If you are sharing a room, the other person must complete their own booking form** | | | |
| **Room requirements** (we will do our best to accommodate your requests)**:**  🞎 room near (insert name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Because they are my carer 🞎 / a friend or family member 🞎  🞎 room near a lift  🞎 room on a lower floor | | | |
| **Any other room requirements:** | | | |
| **Workshops** | | | |
| Details about workshops choices will be available in March. You will be sent more information about how to book these. | | | |
| **Marketing** | | | |
| **What do you hope to gain from attending the event?** | | | |
| **Have you been to a UK Stroke Assembly before?**  Yes 🞎 No 🞎 | | | |
| **Are you a member of a stroke club or group? If so, which one?** | | | |
| **How did you hear about this event?** | | | |
| **Please tick here to receive our UK Stroke Assembly monthly email newsletter.**  Yes 🞎  No 🞎  | | | |
| **Keep in touch:**  **Step 1 - Consent to stay in touch**  Join our community, supporting thousands of people and families affected by stroke across the UK.    Please tick here to find out about our vital support services for stroke survivors and their friends and family, and our ground-breaking research (tick below to tell us how you want to keep in touch).  Yes 🞎  No 🞎  Please tick here to hear about opportunities to support stroke survivors, both locally and nationally, through campaigning, volunteering and fundraising for us, including ways to donate. We can only continue to deliver these life changing services with public support (tick below to tell us how you want to keep in touch).  Yes 🞎 No 🞎  **Step 2 - How would you like us to keep in touch?**  **Please tick:**  Email 🞎 Phone 🞎 SMS 🞎  **Our promise to you**  We will take great care to hold your personal information securely and never sell it to third parties. For more details on how we use and look after your personal information, read our privacy policy at **stroke.org.uk/privacy**  If you change your mind at any time, please phone our supporter care team on 0300 3300 740 or email: [supportercare@stroke.org.uk](mailto:supportercare@stroke.org.uk) | | | |

**Please return this form via post or email – see details on page 1.**