Please complete and return the form below to register for the workshop

|  |  |
| --- | --- |
| Name: |  |
| Company: |  |
| Address: |  |
| Email: |  |
| Any disability or access requirements? | Yes / No (delete as appropriate) |
| If yes, please specify |  |
| Any dietary allergies? | Yes / No (delete as appropriate) |
| If yes, please specify |  |
| Do you want to receive further information on Agri-Tech events?\* | Yes / No (delete as appropriate)**\*** |

