

Developing Pathways to Eye Care Workshop

Friday 11 September 2015

Carnegie Conference Centre, Dunfermline

If you would like to express your interest in attending this workshop please complete your details below and return to **events@scottishautism.org**

Title: _____ First Name: _____ Surname: _____

Job Title: _____

Organisation: _____

Address: _____

Postcode: _____

Daytime Tel No: _____ E-mail: _____

Are you attending in your capacity as a:

☐ Professional ☐ Parent/family member ☐ Individual with autism ☐ Researcher

Do you have any particular experience in autism and optometry that you will be able to share? If so, perhaps you can outline it briefly below to help us allocate discussion groups:

How did you hear about the event? _____

Do you have any special diet / accessibility requirements, if so please specify below:

Closing Date for Applications: Tuesday 11 August 2015

We will confirm your place by **Monday 17 August** at the latest, and hope to be able to accommodate everyone that wishes to attend.

Having registered your interest for our workshop, your details have automatically been added to our database. We may wish to send you information about our organisation from time to time. If you **DO NOT** wish to receive information from us, please tick here: ☐