

SEMINAR REPLY SLIP

Meeting :

Date :

Name of Organisation :

Contact Name :

Contact Number :

E-Mail :

Attendee : GAPP Member Yes / No

We enclose our cheque for £

Please return this form and cheque to:

Jane Tuffs
GAPP
c/o BWCI Group,
P O Box 68
Albert House
South Esplanade
St Peter Port
Guernsey
GY1 3BY

Cheques should be made payable to GAPP