DELEGATE TO ANNUAL CONFERENCE 2023

Please complete ALL areas of this form – or email all information to supportservices@tssa.org.uk

Name of Branch/SOG	Branch Number
Name of Delegate(How you wish to be shown on Conference Badge)	
Full Postal Address	
	Post Code
Telephone No	E-Mail
Employed, Self Employed or Retired	 ?
Are you a TSSA Rep? If so please sp	pecify
 Have you attended the TSSA's Ar Yes/No 	nnual Delegate Conference previously as a Delegate?
Do you consider yourself to have	e a disability? Yes/No
 If yes, please give brief details or require a hearing loop or large pr 	n how we can assist during Conference, i.e. do you rint documents?
 Branches may send ONE delegat Branch, but no Branch can send 	e for each 200 members or fraction thereof in the more than TWO delegates.
Signed(Branch/SOG Correspondence Secretary)	Signed(Branch/SOG Chair)

It may be necessary to pass on information to a third party with regard to the provision of facilities at the Conference Hall. Any such transfer of information that identifies an individual will be made only where necessary & subject to safeguards. Information provided on disabilities will be processed and retained by TSSA only in connection with Annual Conference.

This form must be e-mailed to supportservices@tssa.org.uk by Friday 12 May 2023. Support Services will not require the use of these forms as long as the information required is included in the email.

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