**APPLICATION FORM**

Data Protection

The Cogent Group shall hold your data securely and shall only use it for transactional purpose only.
 Please tick if you wish to be added to our CRM and receive any further information regarding the Cogent Groups.

Signature:

Date:

|  |  |
| --- | --- |
| Name: |  |
| Your organisation: |  |
| Name of NiBB: |  |
| Contact number: |  |
| Contact email: |  |
| I require accommodation | YES / NO |
| Dietary requirements: |  |

Please complete and return to your NIBB Manager who will confirm your place at the conference.

**NiBB Manager Only**I confirm the above applicant will attend this conference as one of our members.

Signature:

Date: