**REPLY SLIP – Please complete A, B or C**

***Please indicate your response by ticking the appropriate boxes***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I wish to attend the 1 day Goodfood TOOLKIT training

**Wednesday 23rd November 2016**

I enclose a completed registration form

I am not available on this date but wish to be considered for future training

I am no longer interested in becoming Goodfood TOOLKIT Group Leader

Training

**Please return:**

**By E mail:** **Goodfoodtoolkit@belfasttrust.hscni.net**

**Or by post:**

**Community Dietitians (Health Promotion)**

**Beech Hall Health, Wellbeing & Treatment Centre**

**21 Andersonstown Road**

**Belfast**

**BT11 9AF**