

## BOOKING FORM FOR EVENTS REQUIRING REPRESENTATIVE(S) FROM THE STRATHCLYDE PENSION FUND

<b>NAME OF AUTHORITY OR ORGANISATION</b>	
<b>CONTACT NAME</b>	
<b>CONTACT NUMBER</b>	
<b>EMAIL ADDRESS</b>	

<b>FORMAT AND DETAILS OF THE EVENT</b>		
<b>DATE(S) OF EVENT</b>		
<b>TIMES OF THE EVENT (START FINISH)</b>		
<b>EXPECTED NUMBER OF CANDIDATES/ AUDIENCE</b>		
<b>ADDRESS OF VENUE</b>		

Please send the completed form to: **Robert Wright: robert.wright@glasgow.gov.uk**

<b>FOR SPF USE ONLY APPROVED</b>		<b>LIAISON OFFICER ATTENDING THE EVENT</b>	
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