

**Operation Rochester Family Group meeting**  
**Netley 7 pm to 9 pm 11<sup>th</sup> September 2003.**

Please complete this form and send back to me in the attached envelope. Tick the box where appropriate and supply the requested information in the space provided

Do you wish to attend this meeting Yes  No

If yes please provide your names below. I would remind you that attendance is restricted to 2 per patient.

Name and address

M.R. & MRS J.D. HOARE (NEE R.M. QUEREÉ)

**Code A**

2. \_\_\_\_\_

Do you require transport Yes  No

If so why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Netley training base has adequate parking within a very short walk of the building. Access to the building is accessible to both able and disabled people. Due to the nature of the building security is an issue and those individuals who attend the meeting may be asked to provide identification. If you have any concerns please do not hesitate to contact me.

Nigel Niven