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| **Pre retirement Workshop****Booking Form** |

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| **Instructions** | * Please complete all the white boxes below and return by attaching document to an email or copy/paste whole table to an email
* Please email to bookings@affinityconnect.org or if you have any queries please call Training Dept on **0800 0196076 (select option 1 – training)**
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| **Course Date** | **Course Location** | **Date of leaving***(approx if known)* | **Length of service** *(approx)* | **Employer**  | **Surname** | **Job Title** (or state Partner if applicable) |
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| **First name** |  **Pension Scheme**  | **Email Address** | **Telephone Number** | **Special Needs** *(diet/access etc)* |
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