‘Good Beginnings’ – Infant Mental Health Event

Friday 16th October 2015

**Display Stand Application**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Contact Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Name and Brief description**  **of programme that will be showcased:** |  |

Additional Information:

* There will be one table available per display. Please note you will be responsible for bringing your own display boards.
* You will be notified in advance if you have secured a display space.

Please return completed applications to [esther.geary@southerntrust.hscni.net](mailto:esther.geary@southerntrust.hscni.net) no later than **Friday 25th September 2015**