

**Event Name & Venue:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

Name (please print)	About you - Are you... <ul style="list-style-type: none"> <li>• Adult with TM/ADEM/NMO</li> <li>• Parent of child with TM/ADEM/NMO</li> <li>• Carer/Family Friend</li> <li>• Health/Social care professional</li> <li>• Other supporter - please state</li> </ul>	Signature	Tick here to be added to the TMS mailing list	Email/postal address (if you want to be added to the TMS mailing list)

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