

**British Association of Retinal Screening**

**BARS/ Topcon Conference 2018   
Photographic competition entry form**

|  |  |
| --- | --- |
| Name |  |
| Contact telephone number |  |
| Email address |  |
| Programme address |  |
| Clinical entry | Yes or No *(how many)* |
| Artistic entry | Yes or No *(how many)* |
| Date submitted |  |
| Has permission been gained to release the photographs | Yes or No *(Entries will not be accepted without permission)* |

**In signing the form below you are confirming that you have followed guidance and sought permission from your information governance team, for either your NHS Trust or company.**

**All photographs will be shown at Conference 2018, and on the BARS website and future literature for promotional purposes.**

|  |  |
| --- | --- |
| Full name (In block capitals) |  |
| Signature |  |
| Date of signature |  |

**Please note: All fields must be completed, and the form must be signed and dated for your photographs to be eligible to be entered into the competition.**

**Attach this form and your photo(s)  to an e-mail and send to** [**barsevents@eyescreening.org.uk**](mailto:barsevents@eyescreening.org.uk) **by 14th September 2018**

***If you have any questions please contact: Richard Cragg on richard.cragg@nhs.net***