

Name

Client Number (see letter):

Address

Postcode

Telephone

Mobile

Email

**Your access requirements:**

Please tell us if you require a wheelchair space, have difficulty with stairs, need to sit on an aisle, use either induction loop or infra-red system, have a visual impairment, will be bringing your guide dog or any other piece of information that will help us suggest the most appropriate seat for you.

In order to help us send you the most up to date information in the best format for you please identify which of the following items you would like to receive:

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| EIF Access Guide ( <b>print</b> )       | <input type="checkbox"/> | EIF Annual Brochure ( <b>print</b> )       | <input type="checkbox"/> |
| EIF Access Guide ( <b>large print</b> ) | <input type="checkbox"/> | EIF Annual Brochure ( <b>large print</b> ) | <input type="checkbox"/> |
| EIF Access Guide ( <b>braille</b> )     | <input type="checkbox"/> | EIF Annual Brochure ( <b>braille</b> )     | <input type="checkbox"/> |
| EIF Access Guide ( <b>tape</b> )        | <input type="checkbox"/> | EIF Annual Brochure ( <b>tape</b> )        | <input type="checkbox"/> |
| EIF Access Guide ( <b>CD</b> )          | <input type="checkbox"/> | EIF Annual Brochure ( <b>CD</b> )          | <input type="checkbox"/> |

As part of a continuing commitment to offer the best possible services and facilities to all of our customers we might want to consult you in the future. Please identify any of the following you would be willing to take part in:

- Focus group  Please note this may include attending one or more meetings in person at an access friendly location.
- Postal survey
- Online survey  \_\_\_\_\_  
Please include your email address
- Telephone survey  \_\_\_\_\_  
Please include your phone number

Please return to:

**Edinburgh International Festival**  
**FREEPOST NAT20753**  
**EDINBURGH**  
**EH1 0BR**