

Hearing Loop Enquiry



About you

Name

Email

Telephone

About the venue

Business Name

Address

.....
.....
.....
.....
.....
TOWN
COUNTY, STATE
OR REGION
POSTCODE OR
ZIP CODE
COUNTRY

Contact Name

Email

Telephone

Website

Nature of enquiry

Please tick as many as are required

- Loop not working
- General advice
- Visit required
- Technical advice

Existing hearing loop provider company name

Any other comments

Data Protection: This form is to be submitted to IHLMA and is for IHLMA use only. Details contained therein, will not be passed onto any third party.

Please return this form

Email to
admin@ihlma.org

Or post to
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