Electronic Cigarettes and Strengthening Tobacco Control in Scotland

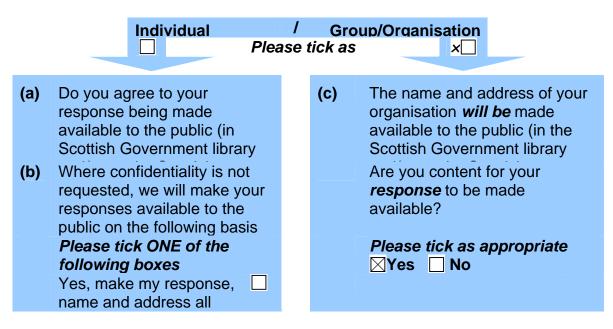


RESPONDENT INFORMATION FORM

<u>Please Note</u> this form must be returned with your response to ensure that we handle your response appropriately. If your response is longer than the answer space provided please use additional sheets and number each response accordingly. Please do not submit responses which are longer than 25 pages.

1. Name/Organisation Organisation Name						
Royal Pharmaceutical So	ociety					
Title Mr 🗌 Ms 🗌 Mrs	🛛 Miss 🗌 Dr 🗌	Please tick as appropriate				
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3. Permissions - I am responding as...



	available			
	Yes, make my response available, but not my name and address	Ĩ		
	Yes, make my response and name available, but not my address	Ĩ		
(d)	policy teams who may be wish to contact you again	e add in the ottish se?	ressing th future, bu Governm	with other Scottish Government he issues you discuss. They may ut we require your permission to do hent to contact you again in relation Yes