
design is good

Hello...

My name is Tracey. Thank you for taking the time to look at my portfolio.

I'm a professionally trained graphic designer and illustrator with over 20 years experience. I was previously employed as the design manager at Cancer Research UK (from 1999) before leaving to work for myself in 2008.

My clients include: Roche, Macmillan Cancer Support, Pfizer, Health Watch, the Institute of Cancer Research, Cancer Research UK, Incisive Health and Alzheimer's Research UK.

I work on a wide variety of projects: from simple A4 posters, to designing and art working annual reviews, and everything in between! Much of my work requires adhering to stringent brand guidelines and developing something that works well within these constraints.

I also enjoy working on projects with more creative freedom, such as illustrative work and logo development.

I have a professional and friendly work manner and am a reliable and conscientious designer with a keen eye for detail and a good ear for listening to a clients project requirements. I want to be happy with the work that I produce and I want my client to be too!

I fully appreciate and understand the client perspective of a project: budget constraints, adhering to brand guidelines, amending, proofing and sign off processes, timelines and deadlines, and always work with the client to get the best possible results.

I am currently looking to work with and establish good working relationships with new clients.

SKILLS

Photoshop, InDesign, Illustrator,
Word, Excel, Powerpoint,
Design, Illustration and artwork for print and web.

AVAILABILITY

Mac-based home studio
in Gloucestershire.
Available for work now.

HOURLY RATE

Please ask.

REFERENCES

Please ask.

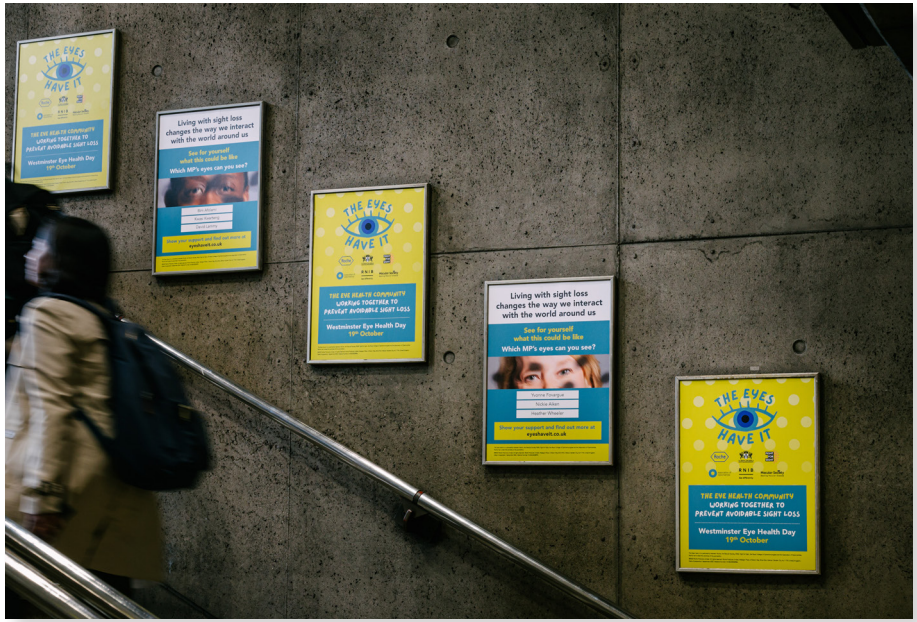
TRACEY GOODLAND
DESIGN-IS-GOOD.COM

tracey@design-is-good.com
07957 347 483
Tracey Goodland


THE EYES HAVE IT
Everyone's story is unique
Share your experience of diagnosis and treatment with your MP here
Ask your MP to attend Westminster Eye Health Day 19th October

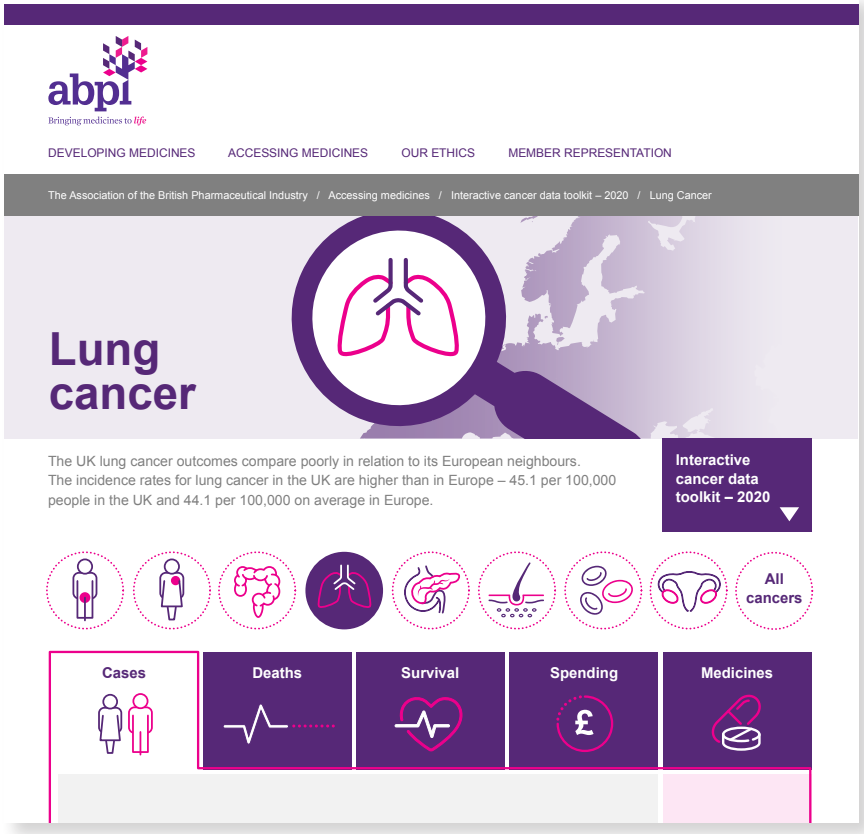

THE EYES HAVE IT
THE EYE HEALTH COMMUNITY WORKING TOGETHER TO PREVENT AVOIDABLE SIGHT LOSS
Ask your MP to attend Westminster Eye Health Day 19th October

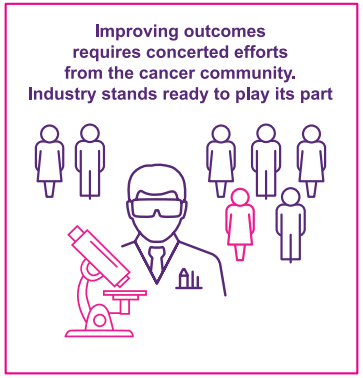

THE EYES HAVE IT
Westminster Eye Health Day 19th October
Find out more at eyeshaveit.co.uk
More than 2 million people in the UK are living with sight loss
Every person's story is unique
WESTMINSTER

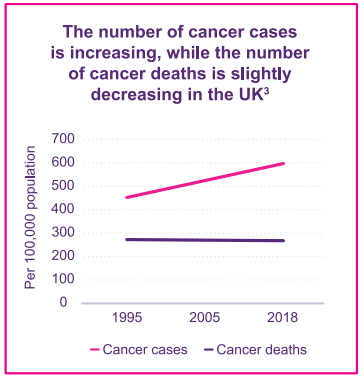


THE EYES HAVE IT

Eye Health Day campaign materials





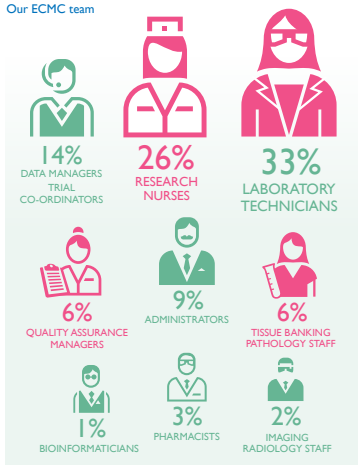


ABPI

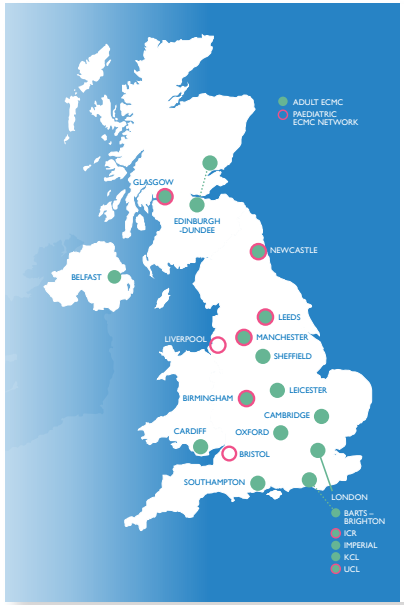
Website design elements

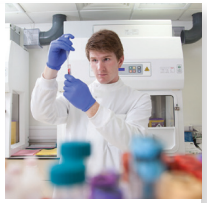
Experimental Cancer Medicine Centres

A dedicated network for supporting the early-stage development of new cancer treatments



ECMCs help fund the expertise and infrastructure needed to conduct world-leading, early phase clinical trials





The ECMC Network has been instrumental in organising a cadre of high calibre early phase clinical research centres. I have noted a significant improvement in study setup, recruitment and reporting timelines which has reinstated the competitive position of the UK in clearly a global competitive market for early clinical trials.

PROFESSOR ANDREW HUGHES
HEAD OF EARLY PHASE CANCER CLINICAL DEVELOPMENT ASTRAZENECA

EXPERIMENTAL CANCER MEDICINE CENTRES (ECMC)

Review brochure, leaflet series and postcard

"I was delighted with the finished product which was designed, produced and edited to a very high standard within a tight deadline."

AGC Advisory Group on Contraception

Securing sustainability

Access to contraception during and after COVID-19

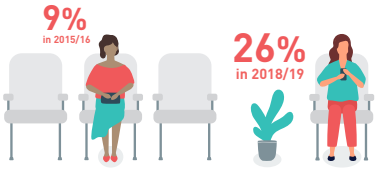
The COVID-19 pandemic has put women's[1] access to contraception – which has long been damaged by year-on-year funding cuts – at significant risk. As we begin to recover from COVID-19, contraceptive provision cannot be neglected any longer.

The AGC is calling on the Government to protect open access to contraception, now and in the future.

Since 2015, the Advisory Group on Contraception (AGC) has been tracking trends in funding, commissioning, and accessibility of contraceptive provision across England following a series of extensive cuts to national public health budgets. Our research has revealed that national budget cuts – which saw local-authority commissioned contraceptive provision in England experience a 20% cut in real terms and 12% cut in actual budget between 2015 and 2020[2] – have had a material impact on access to contraception:

66%

of councils have cut spending on sexual and reproductive health between 2016/17 and 2018/19[3]



The proportion of local authorities **reducing the number of sites commissioned to deliver contraception has accelerated** from 9% in 2015/16 to 26% in 2018/19[4]

These cuts are detrimental to all service users, but AGC members have long been concerned that the consequences of cuts are hitting the most vulnerable groups in society the hardest. Now – as COVID-19 has exacerbated and entrenched inequalities across the health and care system and wider society – access to contraception stands at a critical juncture. We cannot delay taking steps to protect the right of all women to access the contraception they need, no matter their postcode or background.

How has the pandemic impacted contraceptive provision?

Intensifying pressure on an already strained workforce

Throughout the pandemic, AGC member the Faculty of Sexual and Reproductive Healthcare (FSRH) has tracked the impact of the pandemic on sexual and reproductive health (SRH) services in both primary and specialist community care through regular surveys. Each snapshot reveals a stretched – often anxious – workforce:[5]

During the week commencing 21 May 2020:

77% of GPs and **64% of specialists** reported that they had **ended or limited essential SRH services**

GPs reported that **7% of their staff were redeployed,** and that a further **15% were absent**

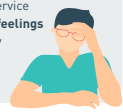
Specialists reported that **25% of their staff were redeployed,** and that a further **15% were absent**

During the week commencing 23 April 2021:

65% reported that **waiting lists for LARC** remained **higher** than before the pandemic

Waiting times for routine LARC fittings ranged **from 24 hours to 9 months**

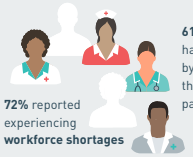
84% of respondents stated that staff at their service reported **feelings of anxiety**



During the week commencing 31 August 2021:

25% of respondents reported that **staff redeployed** during the pandemic had **still not returned** to their role

72% reported experiencing **workforce shortages**



61% of staff reported having been affected by **burnout** during the course of the pandemic

In August 2021, 75% of SRH services reported that they do not receive adequate funding to provide a full range of services.[5]

Compounding funding pressures

Successive budget cuts prior to the pandemic have left services unable to cope with the pressures of COVID-19, particularly as they face a range of competing spending priorities. Although public health funding allocations have slightly increased since the beginning of the pandemic, in real terms the uplift is marginal – and not enough to reverse the damage caused by either cuts made in previous years or the pandemic.[6]

Inadequate funding is particularly damaging for delivery of long-acting reversible contraception (LARC) – the most effective methods of contraception. Staff must be highly trained to deliver LARC – a service which requires significant time and financial resource – while face-to-face appointments and the provision of wraparound counselling are both integral aspects of the LARC pathway. In this highly strained environment, it is simply not viable for many services to continue delivering LARC, or restart LARC provision as the pandemic begins to ease. This problem is particularly acute in primary care, with many GPs underfunded, or simply not commissioned, to deliver LARC services.

IT'S IN US ALL TO SAVE A LIFE
#DonatePlasma

WHAT IS PLASMA?

Plasma is a key element of blood (55% of the total blood volume). Plasma is the clear straw-coloured liquid portion of blood that remains after red blood cells, white blood cells, platelets and other cellular components have been removed. Plasma carries water, salts, and proteins through the body.

More and more patients across the European Union are diagnosed every year with life-threatening plasma protein-related disorders.[1] This means certain proteins in their body are missing or are deficient. In many cases, Plasma-Derived Medicinal Products (PDMPs) are the only treatment option for these severe diseases.

BLOOD IS
55% PLASMA
44% RED BLOOD CELLS
1% WHITE BLOOD CELLS & PLATELETS

PLASMA IS
7% PROTEINS
92% WATER
1% OTHER SOLUTIONS

WHY IS PLASMA IMPORTANT?

300,000 patients across Europe rely on Plasma-Derived Medicinal Products (to treat a variety of rare and chronic and/or genetic diseases and serious, often life-threatening medical conditions).

For individuals with these conditions, Plasma-Derived Medicinal Products replace their missing or deficient proteins.

Without these treatments, many patients would either not be able to survive or would have a substantially diminished quality of life and productivity.

Human plasma is the unique and indispensable starting material for the manufacturing of Plasma-Derived Medicinal Products.

Every year, more plasma donations are needed to meet the growing clinical need for Plasma-Derived Medicinal Products.

130

It is worth noting that it takes more than 130 donations per year to treat a single patient with a primary immune deficiency.

Convalescent plasma and Hyper Immune plasma are plasma that is collected from patients who have recovered from an infection. Antibodies present in the plasma are proteins that might help fight the infection.

WHERE DOES PLASMA COME FROM IN EUROPE?

- Plasma cannot be made artificially in a lab. Plasma and its lifesaving proteins can only be obtained from healthy donors who generously give their time to donate.
- Plasma can be obtained from whole blood donations (resulting in recovered plasma) or collected directly through a process called plasmapheresis (resulting in source plasma).

39% of plasma in Europe is collected by public and NGO blood-collection services

37% of plasma imported in Europe is collected in the United States

24% of plasma in Europe is collected through plasmapheresis by the private sector

Plasma donations were in some decline this year due to the ongoing COVID-19 pandemic and the related uncertainty felt by plasma donors. This comes on top of the existing insufficient availability of European plasma. Declines in donations have the potential to restrict patients' access to plasma-derived therapies.

IT'S IN US ALL TO SAVE A LIFE
#DonatePlasma

WE NEED YOUR SUPPORT

- If you consider more plasma should be collected across Europe, to meet the growing need of patients for PDMPs
- If you want to ask policymakers to put in place the most appropriate EU or national policy frameworks leading to significantly increased plasma collection in Europe

SIGN HERE

ABOUT US

The Plasma Protein Therapeutics Association (PPTA) is steadfast in its mission to promote the availability of, and access to, safe and effective plasma protein therapies for patients around the world.

1 immune deficiencies, immune-mediated peripheral neuropathies, Hereditary Angioedema, Alpha 1-Antitrypsin Deficiencies, Hemophilia and other bleeding disorders, and also secondary immune deficiencies that can be caused by cancer therapies.

PLASMA PROTEIN THERAPEUTICS ASSOCIATION (PPTA)

Coalition group campaign infographics produced in 11 language variations

ICR The Institute of Cancer Research

Your career in cancer research

Working together to defeat cancer

THE INSTITUTE OF CANCER RESEARCH

Student promotional brochure

Why are we scientists?

For a start, science is really interesting!

As a scientist, no day is the same. You might spend your time designing experiments, travelling to conferences, meeting collaborators or writing about your research, as well as doing experiments.

You get to work at the forefront of scientific discovery, doing work that no one has done before. And best of all, as a cancer researcher your discoveries can make a real difference for people with cancer. It's rewarding to help contribute to new treatments for patients.

Studying science can lead to many different job opportunities – and not just in a lab. You could work as a researcher in a university, hospital or private company, set up your own biotech firm, or use the transferrable skills you've gained to get a job outside science itself – everything is possible.

Knowing that we are working to defeat cancer is inspiring.

But we also want to inspire the next generation of cancer researchers – people like you.

Do any of these words describe you?

Curious
You love investigating and finding the answers to questions no one has thought to ask yet

Passionate
You want your work to make a difference and love working with a purpose

Creative
You enjoy creative thinking and finding new ways to make discoveries

Ambitious
You want a rewarding career which will open the door to lots of job options

Organised
You enjoy planning and keeping things on track

Persistent
You keep trying to solve a problem, even when it seems impossible

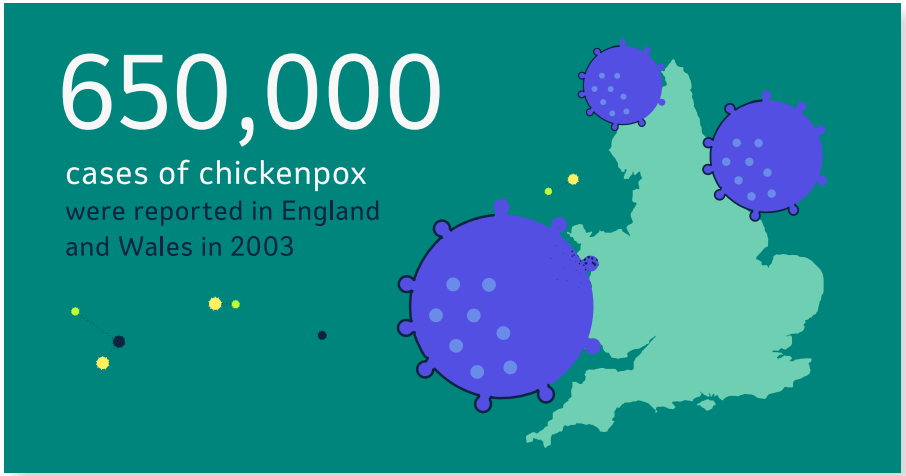
Team player
You enjoy working together to solve the most complex problems

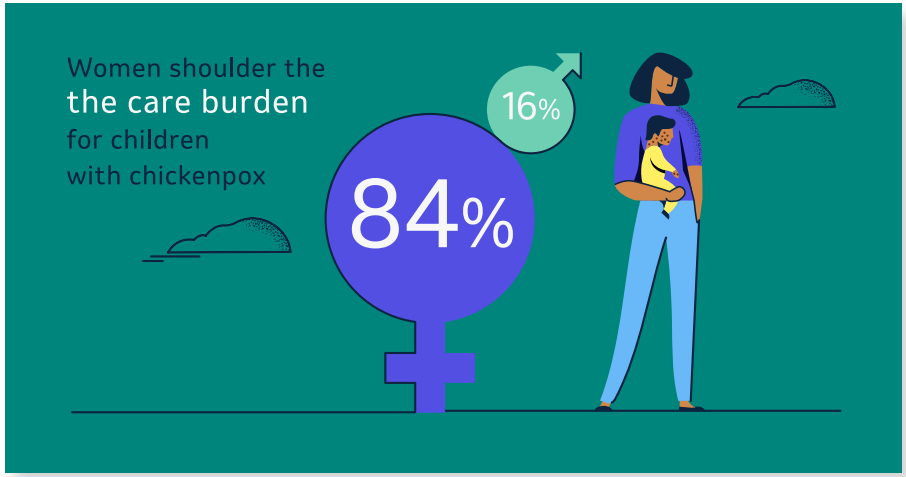
Technical
You have great IT skills, and enjoy working with new, complex technology

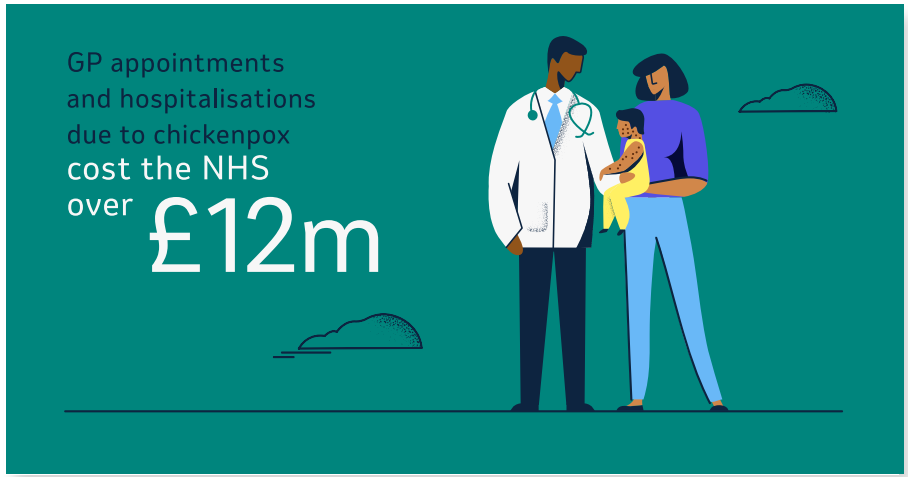
Communicator
You like sharing your ideas with others to pass on your knowledge

Analytical
You like finding out the details of how things work, or getting under the skin of a problem

If you recognise some of these traits in yourself, you could consider a career in science.







MSD CHICKENPOX VACCINATION
Social media campaign

ACORN
CAREER CONSULTING

Driving Success from Exploration to Offer

JOB SEEKING AND INTERVIEW COACHING PROGRAMME

www.acorncareerconsulting.com
+44 7951 741548

Graduating from university with a degree is a huge achievement, worthy of hearty congratulations. Unfortunately, the world has changed. While this was formerly a fast track to an exciting career, the 21st Century job market is fiercer than ever.

In excess of 800,000 new graduates enter the workforce at the conclusion of every academic year. This means that any applicant needs a particular X-Factor to stand apart from the herd and garner the attention of prospective employers.

This alchemy is provided by the Acorn Job Seeking and Interview Coaching Programme. The mission of this programme is simple on paper, but critical in practice. It is built around a bespoke and tailored one-on-one coaching approach, preparing any student or graduate for the realities of searching for – and successfully gaining – employment in their chosen industry.

Let's address the four key steps of the programme – and explain how they will prepare any student or graduate for a fruitful and successful career.

"Mighty oaks from little acorns grow."

Steps to Success

1 GROUNDWORK
This programme is completely tailored to the individual enrolee. Naturally, some provisional conversations need to take place. Opening with a telephone conversation, which is followed by a face-to-face meeting, these gain an understanding of the student – their existing skillset, any gaps that would benefit from being filled, and what will be required to successfully find work in a preferred industry. Fully accredited psychometric tests will be administered, highlighting skills and strengths but also pinpointing any areas of upskilling and improvement that will have a positive impact on job searching.

2 JOB SEARCHING
Step one will lay strong foundations for job seeking. Like all foundations, however, these will need to be built upon. Step 2 will focus on how to conduct a thorough and fruitful search for employment. We'll work together to review why any previous job applications have not yielded the desired results and undertake any necessary retooling to resolve these concerns. This step will also see the creation of a stellar CV and a LinkedIn profile that will capture the imagination of any potential employer. During step 2, ideas start to turn into action.

3 INTERVIEW BOOTCAMP
Arguably the biggest challenge when seeking a job is impressing at interview. Our interview bootcamp will prepare anybody for this experience, ensuring they can help an employer understand why the perfect candidate is sitting on the opposite side of a desk. Through the use of mock interviews, we'll ensure that skills and talents are clearly articulated and debilitating nerves that impact performance at interview are banished.

4 AFTERCARE
We mentioned previously that it's a tough market out there, and it may be weeks or even months before the interview invites begin rolling in. Acorn Career Consulting will not complete the programme and leave a student or graduate floundering, expected to remember all that was taught and work things out for themselves. Upon completion of the programme, additional sessions are available for up to a year. These can be used for a pep talk, to address a particular question, or even discuss a wholesale change in direction.

ACORN
CAREER CONSULTING

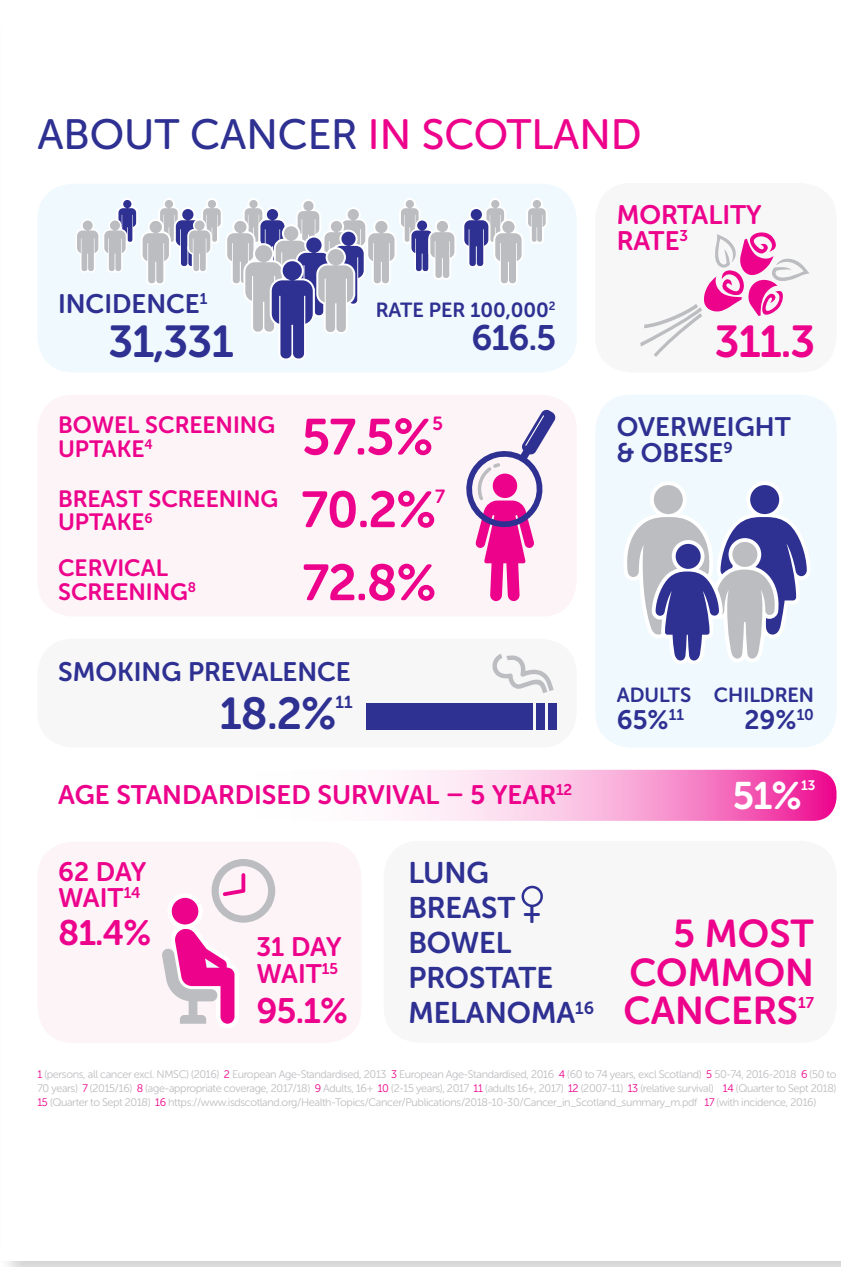
Paving the way to a successful future

THE ACORN CAREER DISCOVERY PROGRAMME

www.acorncareerconsulting.com
+44 7951 741548

ACORN CAREER CONSULTING
Business start up materials

"All the materials look incredible and I am thrilled. Thank you for going above and beyond!."

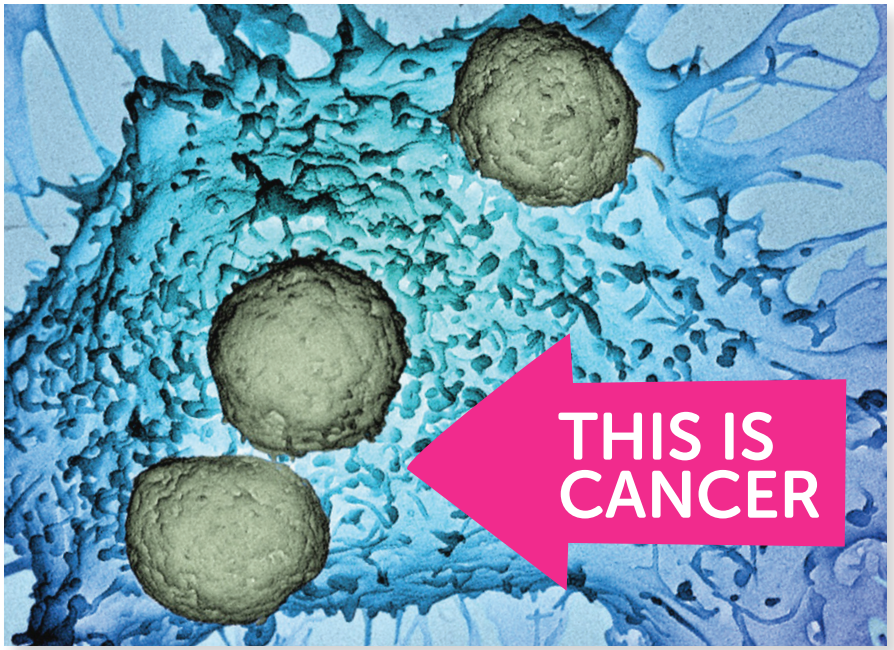


CANCER RESEARCH UK

Regional materials: infographic as part of a report, and postcard

"We wanted our report to stand out from the crowd. Tracey quickly created a professional and engaging design, with infographics to bring key points to life. Everyone was very pleased with the result."

LEARN TO SWIM
Original illustration for postcard and poster



CANCER RESEARCH UK
Event promotion

"Tracey put forward some excellent design ideas and was patient and flexible with any changes required. The result was exactly what we had hoped for."

INSTITUTE OF RECRUITMENT PROFESSIONALS

Advancing the recruitment profession

APPRENTICESHIPS IN RECRUITMENT

Building the future of our industry

APPRENTICESHIP **PARTICIPATION** IN THE UK[1]

871,800

REC LAUNCHED OUR **RECRUITMENT APPRENTICESHIP PROGRAMME** IN 2013

SINCE THEN...

APPRENTICESHIP **START UPS** IN ENGLAND[2]

14% **MORE** THAN PREVIOUS YEAR...

...THE FIRST **INCREASE** IN 5 YEARS[2]

...**617** APPRENTICES HAVE **STARTED THE PROGRAMME**

PEOPLE **WORKING IN RECRUITMENT**[3]

103,225

RECRUITMENT INDUSTRY **TURNOVER**[3]

£31.5 billion

343 APPRENTICES AT LEVEL 2

276 APPRENTICES AT LEVEL 3

APPRENTICES CAN EARN **£50,000** MORE IN THEIR LIFETIME THAN OTHER **EMPLOYEES**[4]

APPRENTICES **STAY WITH THE SAME EMPLOYER** AFTER COMPLETION[1]

71%

CAREER **PROSPECTS IMPROVED**[1]

83%

IMPROVED **ABILITY TO DO THE JOB**[1]

85%

APPRENTICESHIPS **BENEFIT BUSINESS**[1]

9/10 EMPLOYERS AGREE

www.rec-irp.uk.com/apprenticeships #iloverecruitment #careerofchoice

REFERENCES: 1 gov.uk.com 2014/15 2 parliament.uk.com 2014/15 3 Recruitment Industry Trends Survey 2014/15 4 Sutton Trust

INSTITUTE OF RECRUITMENT PROFESSIONALS

Advancing the recruitment profession

QUALIFICATIONS

2015 AND BEYOND

STUDENTS WHO TOOK **LEVEL 2 CERTIFICATE IN RECRUITMENT RESOURCING** (QCF)

90+

100% PASS RATE FOR CERTRR

STUDENTS WHO TOOK **LEVEL 3 CERTIFICATE IN RECRUITMENT PRACTICE** (QCF)

1,200+

77.7% AVERAGE PASS RATE FOR CERTRP

9 EXAM CENTRES **IN THE UK** FOR OUR QUALIFICATIONS

LEVEL 4 DIPLOMA IN RECRUITMENT MANAGEMENT (QCF) UNITS SAT

100+

WE LAUNCHED THE **LEVEL 5 DIPLOMA IN RECRUITMENT LEADERSHIP...**

...THE FIRST DEGREE STANDARD QUALIFICATION IN RECRUITMENT

100,340 VISITS TO THE CAREER DEVELOPMENT SECTION OF **THE IRP WEBSITE**

SALARY RISE OF £1,500 – £10,000 AFTER TAKING AN IRP QUALIFICATION[1]

51%

RECOMMEND IRP QUALIFICATIONS TO OTHER RECRUITERS[1]

97%

17, 516 VISITS TO THE **IRP STUDENT HUB**

"THE LEVEL 3 CERTIFICATE IN RECRUITMENT PRACTICE HAS GIVEN ME THE CONFIDENCE, TOOLS AND SUPPORT THAT I NEED TO CARRY OUT MY BUSINESS PROFESSIONALLY"

OUR EXAMINATIONS WERE TAKEN IN...

BIRMINGHAM
BRISTOL
EDINBURGH
LEEDS
LONDON
MANCHESTER
NOTTINGHAM
SOUTHAMPTON
BOVINGTON
INVERNESS
NEWCASTLE
ISLE OF MAN
CHESTERFIELD
DARLINGTON
PLYMOUTH
ABERDEEN
GUERNSEY
NETHERLANDS
JERSEY
DUBAI
IRAQ
INDIA
QATAR
KAZAKHSTAN
KUALA LUMPUR
USA

REFERENCES: 1 IRP Qualifications Survey 2015

RECRUITMENT EMPLOYMENT CONFEDERATION

Infographics

NATIONAL CANCER RESEARCH INSTITUTE
Strategy brochure

"The quality of the designs is always extremely good and the service is quick and efficient."

CRICK LATES

Our first major public event – a Crick Lates event at the Science Museum – drew a record-breaking audience of 6,900 people. It gave visitors the chance to meet researchers from the Crick and its partners and to get hands-on with science. In one of our most popular activities, visitors could photograph developing zebrafish on their smartphones, then share the image on social media. Another unique experience was the chance to meet some of the twins taking part in a long-term study in epigenetics, and ask questions about what it's like to be part of a clinical trial.

From autumn 2016 we will present Crick Lates in our own building, featuring themed activities, entertainment, food and drink.

IT WAS WONDERFUL TO ENGAGE SUCH A VARIETY OF PEOPLE ON THE SUBJECT OF MY WORK. MOST IMPORTANTLY, THE AUDIENCE SEEMED GENUINELY ENTHUSED!

Crick researcher, following the Late event

IN THE LAB, YOU GET VERY FOCUSED ON ONE QUESTION, BUT TAKING PART IN ENGAGEMENT ACTIVITIES REIGNITES MY PASSION FOR SCIENCE IN GENERAL

Michelle Harreman, Crick research scientist

FESTIVALS

To reach a wider audience, we have taken part in a number of high-profile events. The most notable include Imperial Festival, a two-day showcase of innovative research that attracts more than 15,000 visitors, and Hay Festival, where three of our leading researchers discussed the importance of collaboration for scientific progress. We also took over a pub in King's Cross for three nights of talks as part of the international 'Pint of Science' festival.

EXHIBITIONS

In our dedicated exhibition space, the Manby Gallery, we create innovative exhibitions that engage audiences with our world-leading research. Opening late 2016, our first exhibition, 'How do we look?', will showcase some of the best scientific research images submitted by Crick staff. In spring 2017, we will launch the Crick's first major exhibition, 'Open for Discovery', which explores the key science questions guiding work at the institute.

▶ FIND OUT MORE

For more information about past projects and updates on our Public Engagement events and activities, please visit: www.crick.ac.uk/engagement/public-engagement

THE FRANCIS CRICK INSTITUTE

Brochure

"Tracey was a pleasure to work with, she completed the work highly professionally and on deadline. I wouldn't hesitate to recommend her services to others."

FOR THE OLDER PERSON WITH CANCER

EXPERT REFERENCE GROUP

Older people living with cancer

Designing the future health care workforce

In partnership with WE ARE MACMILLAN. CANCER SUPPORT

SIOG INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

ERG
Brochure

What do older people want from cancer services?

Type of cancer, geography, socioeconomic status, gender and ethnicity all play a role in shaping needs and outcomes, regardless of age. The needs and preferences of active older people in otherwise good health can be very different from those of people living with frailty and other health conditions.

Macmillan's research on older people's attitudes to cancer found that older people living with cancer are just as likely to feel positive about their health, age and life as older people living without cancer.[7] Very few older people in the survey reported that they declined treatment.

The findings indicated that older people feel positive about their prospects following a cancer diagnosis and want access to available appropriate treatment and support. The research also indicated that maintaining independence is just as important as maintaining health for older people, whereas maintaining health is the primary concern for younger people with cancer.[7] These preferences have important implications for the role of the current and future workforce, and echoes findings from other work that cancer services need to focus on the older person with cancer, not just on treating the cancer.[1]

Research into older people's experiences of cancer care indicate that older people can have worse experiences. Data from the National Cancer Patient Experience Survey indicates that people aged over 75 years are less likely to have access to a clinical nurse specialist or to have been given information on the side effects of treatment but conversely are more likely to report feeling involved in decisions about care.[1] Studies have also identified that older people have a high trust in health care professionals and that they are often conscious that professionals seem very busy and lacking in time.[1,7]

> Older people living with cancer are just as likely to feel positive about their health, age and life as older people living without cancer

> The needs and preferences of active older people in otherwise good health can be very different from those of people living with frailty and other health conditions

How prepared is the current workforce?

A scoping review of existing research literature was conducted at the University of Southampton between May and June 2016 to answer the primary research question 'How prepared is the existing UK workforce to deliver high quality cancer care and treatment to older people?'.[8]

Findings were categorised into six different themes:

1 EDUCATION, TRAINING, DEVELOPMENT

The evidence indicates strongly that deficits exist across the workforce in terms of education and training in the assessment, management and treatment of older people with cancer.

In particular, medical and nursing education needs support to ensure curricula reflects the skills needed to care for an older population.[4,16,17,24,25] For example, neither the current medical nor the clinical oncology curriculum have dedicated learning objectives related to older people. However, both curricula include specific learning objectives related to the management of adolescents.[26]

Training in older people's care for the existing workforce also needs to be implemented.[4,16,24–28] There is a consistent call beyond cancer care, across a number of specialists including oncologists, care assistants, non-cancer specialists, nursing, and allied health professionals, for specific support to address the needs of older people.[8,17,18,29,30]

Moreover, specific areas for training needs are also highlighted in the literature including:

- the assessment of older people,[16,31]
- chemotherapy and treatment decision-making,[17,19]
- communication skills,[19,27]
- dementia and delirium,[16,28,31]
- polypharmacy,[16]
- nutrition,[16]
- falls,[16]
- co-morbidities.[16,19]

Across the literature, education and training to help the workforce care for older people with cancer appears to be an emerging priority. Looking internationally, education is one of the International Society of Geriatric Oncology's (SIOG) top priorities worldwide[27] and the European Oncology Nursing Society has developed a curriculum focused on older people and cancer.[30] As well as this, the Association of Medical Oncologists has on its agenda the specific action of 'training and Continuing Professional Development (CPD) to address the problems of older patients with cancer'.[22]

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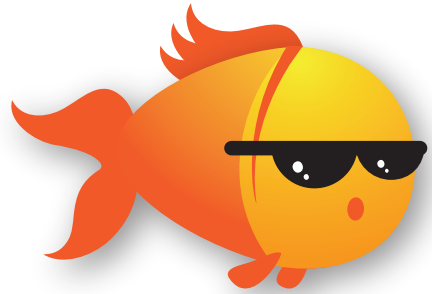
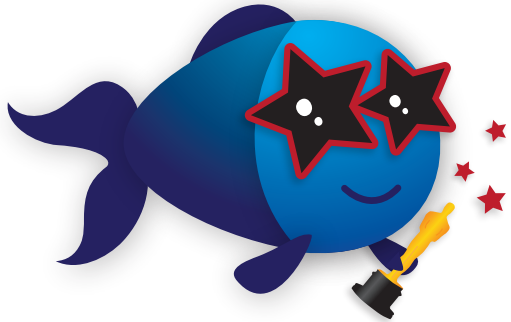
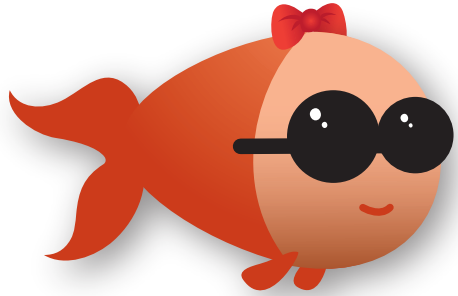
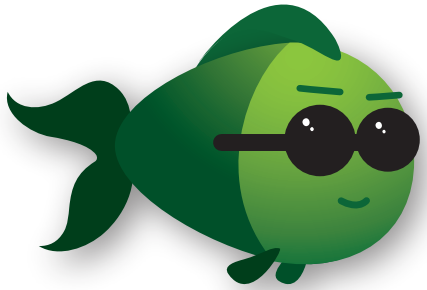
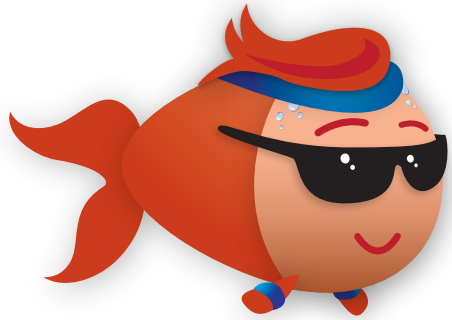
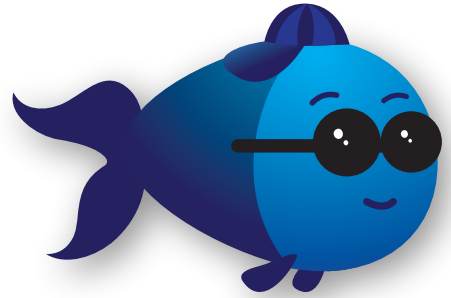
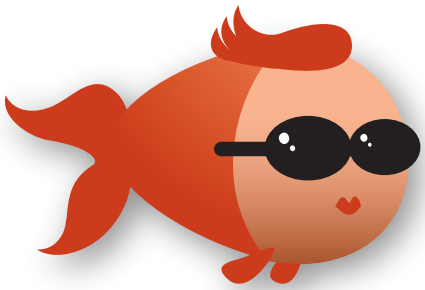

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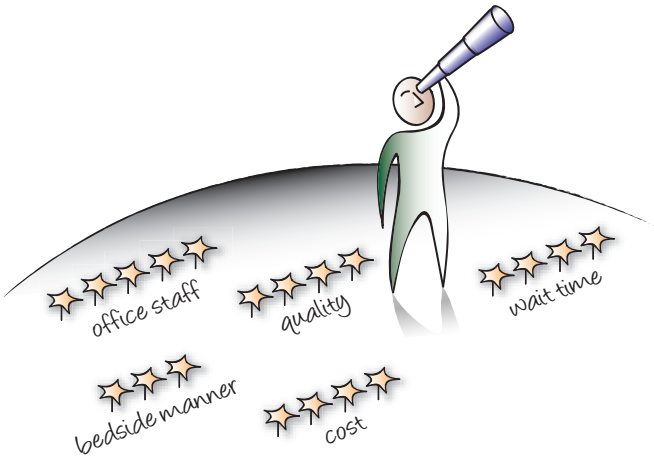

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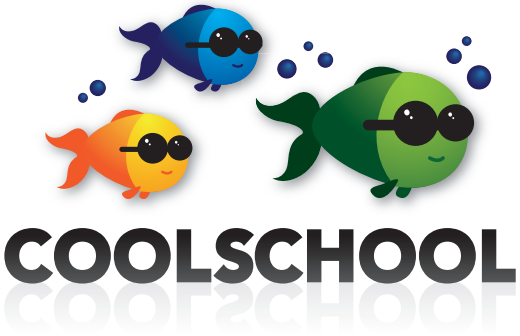

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