



Evaluation and Treatment of Visual Perceptual Dysfunction in Adult Brain Injury

BOOKING FORM

REGISTRATION FEE

€300

Inclusive of lunch
& refreshments

Delegate Details (a separate form is required for each delegate)

Name _____

Job Title _____

Organisation _____

Work Address _____

Telephone _____ Mobile _____

e-mail _____

Payment Method – Please tick preferred option and fill in the relevant details.

1. **Cheque.** 2. **Bank Draft.** 3. **Postal Order.**

Please make payable to :

- **The National Rehabilitation Hospital**

4. **Bank Transfer.**

A/C: 10159939 Sort Code: 90-11-16 Bank: Bank of Ireland, Dun Laoghaire

Account Name: Nat Rehabilitation Hospital No 1 Current Account.

IBAN: IE79 BOFI 9011 1610 1599 39 and Bank Identifier Code is: BOFII2D

Please ensure Name & Organisation is used as Payment Reference

Please return completed booking forms along with registration fee

- **Yvonne Waters**, Finance Department, National Rehabilitation Hospital,
Rochestown Avenue, Dun Laoghaire, Co. Dublin

Places are limited. Applications must be submitted with full payment to secure a place.

Places will be allocated on a first come, first served basis.

Cancellation and changes

- Cancellations made at least one month in advance will be offered a full refund.
- **Partial refund is subject to your place being filled by another delegate up to 2 weeks in advance of course commencement date.**

Contact orla.mcevoy@nrh.ie or becky.sheehy@nrh.ie for enquiries only