

BOOKING FORM

Please enclose registration fee or a purchase order number with this form.
 For enquiries or to reserve a place, please contact:
 Tel: 01 235 5132 | Email : sarah.kearney@nrh.ie

Course Name

Date

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

Name

Job Title

Organisation

Address

Contact Number

Email

Additional Information (if you have any special dietary, access or other requirements, please let us know here)

Payment Method - please tick preferred option and fill in the relevant details.

1. **Invoice.** We can invoice your organisation using their purchase order system.

Please obtain a purchase order number and [attach the order to this form.](#)

Purchase Order (PO) Number

Invoicing Name, Email & Address

2. **Bank Transfer**

Bank:	Bank of Ireland
Branch:	Dun Laoghaire, Co. Dublin
Account Name:	NRH Hospital
IBAN Number:	IE79 BOFI 9011 1610 1599 39
BIC Number:	BOFIE2D

Please include your name
as the reference
on the Bank Transfer Form

Cancellations and Changes

Substitution of delegates and cancellation are acceptable if agreed with the course coordinator (Sarah Kearney) 5 working days before the course date. Cancellations after this timeframe will not be refunded.

Please return completed booking forms to: sarah.kearney@nrh.ie

Email Confirmation will be sent on receipt of registration