## **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 5305 | Email: <a href="mailto:janette.hamill@nrh.ie">janette.hamill@nrh.ie</a>

Course Name	Management of Neurogenic Bowel Dysfunction Training			
Date	14 <sup>th</sup> October 2021 (closing date for applications: 11 <sup>th</sup> October 2021)			
Delegate Deta	ails (a sep	parate form is	required for each delega	ate).
Name [				
Job Title				
Organisation				
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Payment Metho			dietary, access or other requirem	
relevant details.	No can invo	ico vour organica	tion using their numbers and	or ovetom
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Invoicing I Address	Name, Ema	il &		
Please ob	tain a purc	chase order nur	mber <u>BEFORE completing a</u>	nd returning this form.
Bank Transfer		Bank: Branch: Account Name: IBAN Number:	Bank of Ireland Dun Laoghaire, Co. Dublin NRH Hospital IE79 BOFI 9011 1610 1599 39	Please include your name as the reference on the Bank Transfer Form
	l	RIC Number	ROFITE2D	

## **Cancellations and Changes**

Substitution of delegates and cancellation are acceptable if agreed with the course coordinator (Janette Hamill) 2 working days before the course date. Cancellations after this timeframe will not be refunded.

Please return completed booking forms to: <a href="mailto:janette.hamill@nrh.ie">janette.hamill@nrh.ie</a>
Email confirmation will be sent on receipt of registration.