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: janette.hamill@nrh.ie

Course Name	Management of Neurogenic Bowel Dysfunction Training			
Date	16 th December 2021 (closing date for applications: 13 th December 2021)			
Delegate Det	ails (a sep	parate form is	required for each delega	ate).
Name				
Job Title				
Organisation				
Address				
Contact Number				
Email				
Payment Metho			dietary, access or other requirement	
relevant details. Invoice. \	We can invoi	ice your organisa	ition using their purchase orde	er system.
	Order (PO)			
Invoicing Address	Name, Ema	il &		
Please ob	otain a purc	chase order nur	mber <u>BEFORE completing ar</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
		RIC Number:	BOFITE2D	

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: janette.hamill@nrh.ie
Email confirmation will be sent on receipt of registration.