

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

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| Course Name | Management of Neurogenic Bowel Dysfunction Training |
| Date | 18 th November 2021 (closing date for applications: 15 th November 2021) |

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

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|----------------|--|
| 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)

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Payment Method: Cost of course is €80 per attendee Please tick preferred option and fill in the relevant details.

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

Purchase Order (PO) Number

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Invoicing Name, Email & Address

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Please obtain a purchase order number BEFORE completing and returning this form.

Bank Transfer

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

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