BOOKING FORM



For enquiries or to reserve a place, please contact: Tel: 01 235 5305 | Email: janette.hamill@nrh.ie

Course Name	Manageme	ent of Neurogeni	c Bowel Dysfunction Training	Course Reference: NBD0422
Date	Thursday 14 th April 2022 (closing date for applications: 7 th April 2022)			
Delegate Det	ails (a sep	parate form is	required for each delega	ate)
Name				
Job Title				
Organisation				
Address				
Contact Number				
Email				
Additional Infor	mation (if yo	u have any special	dietary, access or other requirement	ents, please let us know here)
relevant details.			r attendee Please tick preferr	
Invoice.	We can invo	ice your organisa	ition using their purchase orde	r system.
	Order (PO) blease attach F	20)		
Invoicing Address	Name, Ema	iil &		
Please o	btain a puro	chase order nu	mber <u>BEFORE completing a</u>	nd returning this form.
Bra		Bank: Branch: Account Name:	Bank of Ireland Dun Laoghaire, Co. Dublin NRH Hospital	Please include your name and NBD0422 as the reference
		IBAN Number: BIC Number:	IE79 BOFI 9011 1610 1599 39 BOFIIE2D	on the Bank Transfer Form

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.

Places will only be confirmed when proof of registration fee paid or a purchase order are received.

Please return completed booking forms to: janette.hamill@nrh.ie
Email confirmation will be sent on receipt of registration.