

BOOKING 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 | Course Reference: NBD0222 |
| Date | Thursday 24 th February 2022 (closing date for applications: 17 th February 2022) | |

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: 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 (please attach PO)

| |
|--|
| |
|--|

Invoicing Name, Email & Address

| |
|--|
| |
|--|

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

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 and NBD0222 as the reference 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.