BOOKING FORM



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

Course Name Managen		ent of Neurogeni	c Bowel Dysfunction Training	Course Reference: NBD0322
Date	Thursday 24 th March 2022 (closing date for applications: 16 th March 2022)			
Delegate Det	ails (a sep	oarate form is	required for each delega	te)
Name				
Job Title				
Organisation				
Address				
Contact Number				
Email				
Additional Infor	mation (if yo	u have any special	dietary, access or other requiremen	nts, please let us know here)
Payment Meth relevant details.		course is €80 pe	r attendee Please tick preferre	d option and fill in the
Invoice.	We can invo	ice your organisa	ation using their purchase order	system.
	Order (PO) blease attach F	PO)		
Invoicing Address	Name, Ema	iil &		
Please o	btain a purc	chase order nui	nber <u>BEFORE completing an</u>	d returning this form.
Branc		Bank: Branch: Account Name:	Bank of Ireland Dun Laoghaire, Co. Dublin NRH Hospital	Please include your name and NBD0322 as the reference on the Bank Transfer Form
		IBAN Number:	IE79 BOFI 9011 1610 1599 39	S. Tare Barne Hundrer 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.