

Please complete this form in BLOCK CAPITALS using BLACK INK

This form should be returned to:

The College of Anaesthetists of Ireland, 22 Merrion Square North, Dublin 2 or emailed to rkilcoyne@coa.ie

|  |  |
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| **Name of meeting:** | A-CRISIS Simulation Workshop – Friday 18th January 2019 |

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| **Registration Fee:**  |  **€150.00** |
| **IMC number:**  |  |
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| **Surname:** |  |  **Forename:** |  |

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| **Address line 1:** |  |

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| **Address line 2:** |  |

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| **Town/City:** |  | **Country:** |  |

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| **Telephone number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email address:** |  |

**Payment can be made by cheque, made payable to Intensive Care Society of Ireland or by cash, credit card:**

**Cheque (Please Tick)**

**Credit Card (Please Tick)**

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| **Please charge my credit card:** |  | **Visa** |  | **MasterCard** | **Total Remittance:** | € |

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| **Card number:** |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |

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| **Expiry date:** |  |  |  |  |  |

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| **Security Number (Last three numbers on back of credit card:** |  |  |  |

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| **Cardholder's signature:** |  | **Cardholder's name:** |  |