

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](mailto:rkilcoyne@coa.ie)

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

|  |  |
| --- | --- |
| **Registration Fee:** | **€150.00** |
| **IMC number:** |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |

|  |  |
| --- | --- |
| **Address line 1:** |  |

|  |  |
| --- | --- |
| **Address line 2:** |  |

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

|  |
| --- |
|  |
|  |

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

|  |  |
| --- | --- |
| **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)**

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

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

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

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

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