

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK**

This form should be returned to:

Margaret Jenkinson, College of Anaesthesiologists of Ireland , 22 Merrion Square North, Dublin 2

Telephone: 353 265 0600

Fax: 353 1 2650699

Email: [info@coa.ie](mailto:info@coa.ie)

Name of meeting:

**Local Anaesthesia for Ophthalmic Surgery – 22<sup>nd</sup> October 2019**

Registration Fee Non Trainee:

**€200**

Ophthalmologist (please tick)

Registration Fee Trainee:

**€150**

PDP Funding (please tick)

Surname: \_\_\_\_\_ Forename 1: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

Address line 3: \_\_\_\_\_

Town/City: \_\_\_\_\_ Country: \_\_\_\_\_

Current Hospital: \_\_\_\_\_ Current Hospital Grade: \_\_\_\_\_

Telephone number:

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Email address:

\_\_\_\_\_

**FINANCE DEPARTMENT** College of Anaesthesiologists of Ireland , 22 Merrion Square North, Dublin 2

Name of meeting:

**Local Anaesthesia for Ophthalmic Surgery – 22<sup>nd</sup> October 2019**

Surname: \_\_\_\_\_ Forename 1: \_\_\_\_\_

Payment can be made by Euro cheque, made payable to The College of Anaesthetists of Ireland, or by credit card below:

Please charge my credit card:  Visa  MasterCard Total Remittance: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Security Code: (last three numbers on back of credit card)

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Date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Cardholder's name: \_\_\_\_\_