PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS The College of Anaesthesiologists of Ireland, 22 Merrion Square North, Dublin 2 Telephone: 353 1 2650645 **Fax:** 353 1 2650699 **Email**: Izelenska@coa.ie Name of meeting: 3rd Patient Safety in Anaesthesia Conference – Friday 15th November 2019 Registration Fee Non trainee: €200 CPD SS Funding (please tick & state training body) **Registration Fee Trainee** €50 Nurse €25 Surname: _____ Forename 1: _____ Forename 2: ______ College ID No. _____ Address line 1:_____ Address line 2:____ Address line 3: Address line 4: Telephone number: Email address: FINANCE DEPARTMENT, The College of Anaesthesiologists of Ireland, 22 Merrion Square North, Dublin 2 Name of meeting: 3rd Patient Safety in Anaesthesia Conference – Friday 15th November 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: MasterCard Total Remittance: Card number: Expiry Date Security Code: (last three numbers on back of credit card) Date: Cardholder's signature: Cardholder's name: