

Please complete this form in BLOCK CAPITALS using BLACK INK

Return form to: The College of Anaesthesiologists of Ireland, 22 Merrion Square North, Dublin 2 or email to [simulation@coa.ie](mailto:simulation@coa.ie)

|  |  |
| --- | --- |
| **Name of meeting:** | ADULT RETRIEVAL/TRANSFER SERVICE TRAINING DAY |

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| **Registration Fee:** | **€50.00** |
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| **Surname:** |  | **Forename 1:** |  |

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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:** |  |

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

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

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| **Please charge my credit card:** |  | **Visa** |  | **MasterCard** | **Total Remittance:** |  |  |
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| **Card number:** |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |  |  | Expiry Date |  |  |  |  |

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| Security Code: (last three numbers on the back of credit card) | |  |  |  | | --- | --- | --- | |  |  |  | |
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| **Date:** |  |

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