

Please complete this form in BLOCK CAPITALS using BLACK INK

Simulation Courses 2020

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)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name :** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Registration Fee:** | **€350.00** |
|  |

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

|  |  |  |
| --- | --- | --- |
| **College ID:** |  |  |

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| **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:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Card number:** |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |  |  | Expiry Date |  |  |  |  |

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

|  |  |
| --- | --- |
| **Date:** |  |

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