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| **Title** | Mr / Miss / Mrs / Ms / Dr / Prof / Other |
| **Surname / Family Name** |  |

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| **First name** |  |

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| **Name of workplace / company** |  |

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| **Address for Correspondence** |
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| **Tel:** | **Email** |

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| **Dietary requirements (if any)** |
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| **Any other requirements** |
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I do not wish my details to be included in the delegate list (name and email address)

**Registration fee (please tick as appropriate)**

All conference delegates, including presenters, are required to register and pay in advance.

Mid-morning refreshments and lunch are included in the conference registration fee.

No refreshments or lunch are provided for the workshops

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| **Conference registration fee 22 June: standard** | €80.00 |  |
| **Conference registration fee 22 June: concession for students, senior**  **citizens and unwaged** | €60.00 |  |
| **Pre-conference workshops 21 June: morning only** | €25.00 |  |
| **Pre-conference workshops 21 June: afternoon only** | €25.00 |  |
| **Pre-conference workshops 21 June: full day** | €40.00 |  |

**Registration forms and payments should be returned to:**

Jeni Ryan, Administrative Officer – Events

School of Nursing & Midwifery, Trinity College Dublin, 24 D’Olier Street, Dublin 2

**Tel:** + 353 1 896 3860 | **Fax:** + 353 1 896 3001 | **Email:** ryanjen@tcd.ie

**Refunds / Substitutions**

Requests for refunds must be made in writing or via email. Registration fees will be refunded less 10% administration charge up to Friday 9 June 2017. No fees will be refunded after that date.

In the event that a registered delegate cannot attend, their registration may be transferred to another delegate at no extra charge, up to the day of the conference.

**Methods of Payment -** receipts will be issued for all payments received.

**Paper (cheques, postal orders and bank drafts)**

Cheques, postal orders and bank drafts must be: issued in Euro, drawn on a bank in the Republic of Ireland and made payable to **Trinity College Dublin.**

**Credit / Debit Card**

Cards that are accepted are VISA, VISA DEBIT, MASTERCARD. To pay by this method, please complete the form below and return it by post or fax. **DO NOT email** credit / debit card details as any personal information submitted is not encrypted and is not protected as it passes over the network. The cardholder’s signature is required to complete the transaction. Alternatively you can pay over the phone (contact details overleaf).

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| **Card type** | | | | MASTERCARD | | | | | | |  | | |  | | | VISA | | | |  | | |  | | | | VISA DEBIT | | | | |  | |
| **Card No.** | | | |  | | | | | | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | |
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| **Expiry Date** | | | |  |  | |  | | |  | | |  | | | **CCV No** | | | |  | | |  | | | |  | | | |  | | |
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Month Year

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| **Cardholder’s Name** |
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| **Billing Address** |
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I agree to the sum of € being charged to my credit / debit card in respect of the registration fee

for the **Creating Space for Spirituality in Healthcare** conference 2017.

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| **Cardholder’s Signature** |
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