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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 presenters are required to register and pay.

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

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| **Standard registration fee** | €80.00 |  |
| **Concession fee: (students, senior citizens and unwaged):** | €60.00 |  |

**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 12 June 2015. No fees will be refunded after that date. In the event that a registered delegate cannot attend, registration fees may be transferred to an alternative delegate at no extra charge, up to the day of the seminar.

**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 made payable to:

**Trinity College Dublin No. 1 Account**.

**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 **Sowing the Seeds** conference 2015.

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| **Cardholder’s Signature** |
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