**BOOKING FORM:**

**Irish Supreme Court Review**

Please complete in block letters:

|  |  |
| --- | --- |
| **Name(s):** |  |
| **Company/Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

Payments may be made via EFT or by cheque\*. Please choose your preferred payment method:

|  |  |
| --- | --- |
| EFT payments: |  |
| Cheques: |  |
| Please invoice: |  |

|  |  |
| --- | --- |
| PO Number (if required for your invoice): |  |
| Name and address for invoice (if different from above): |  |

|  |  |
| --- | --- |
| Cheque\* enclosed in the sum of: |  |

|  |  |
| --- | --- |
| Fees: | €35 per person |

\*All cheques should be made payable to **TCD No. 1 Account**.

Fees inclusive of tea/coffee and lunch breaks