**BOOKING FORM:**

**Conference Form**

|  |  |
| --- | --- |
| I would like to attend the following conference (Please tick as appropriate) | |
| **Irish Supreme Court Review** | |
| €180 per person |  |
| Reduced Rate\*: €120 per person |  |
| **Recent Developments in Tort Litigation** | |
| €150 per person |  |
| Reduced Rate\*: €100 per person |  |
| **Both Conferences** | |
| €300 per person |  |
| Reduced Rate\*: €200 per person |  |

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: |  |

Payment may be made by cheque to Trinity NO. 1 Bank Account.

Payments may be made via EFT to Trinity NO. 6 Bank Account

Account Number: 30432592

Sort Code: 90-00-17

IBAN: IE86BOFI90001730432592

BIC: BOFIIE2D

Bank of Ireland, College Green, Dublin 2

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