## **BOOKING FORM**

| Date of Course                     |                    |  |
|------------------------------------|--------------------|--|
| Cheques made payable to NSAI       | Fee enclosed $\in$ |  |
| For invoicing purposes please prov | ide P.O. Number    |  |
| FIRST NAME                         | SURNAME            |  |
| ORGANIZATION                       |                    |  |
| ADDRESS                            |                    |  |
| PHONE                              | FAX                |  |
| E-MAIL                             |                    |  |

Return Booking Form to: Course Reservations, NSAI Training Section, Glasnevin, Dublin 9.

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