

Registration Form
Radiation Oncology Safety Course

2nd – 5th September, 2019

Name:

Address:

Tel:

Email:

Institution/Company:

Profession/Discipline:

Payment could be made by Cheque or Bank transfer
Cheque Payable to 'Trinity College Dublin No. 1 Account'
Electronic bank transfer

Bank Name:	Bank of Ireland
Bank Address:	College Green, Dublin 2, Ireland
Account Name:	TCD No. 1 Account
Account No.:	10027952
Sort Code:	90-00-17
IBAN Number:	IE92 BOFI 9000 1710027952
BIC/Swift Code:	BOFIE2D

Radiation Therapy Code No.: 10-1727-9030913-3500-12119 (Please ensure that the code is written on the bank transfer form as well as the participant name. The bank transfer receipt should be e-mailed to Daléne Dougall at dougallm@tcd.ie)

Return form to: Adjunct Professor Mary Coffey,
Discipline of Radiation Therapy, School of Medicine
Trinity Centre for Health Sciences,
St. James' Hospital, Dublin 8, Ireland.

By fax to: 00 353 1 8963246

By email to mcoffey@tcd.ie