CHANGE OF EXAMINATION VENUE REQUEST FORM

DEADLINE FOR RETURN OF FORM: 16th April 2010

Please note: It may not be possible to accommodate your change of venue request as this is dependant on the capacity of your chosen venue. If this occurs you will be refunded in full.

REGISTRATION NO: _____

STUDENT NAME_____

ADDRESS_____

_____

_____

FROM VENUE NAME_____ **TO** VENUE NAME_____

I enclose Cheque/Postal Order made payable to Accounting Technicians Ireland for the amount indicated below:

☐ **€40/£35**

PAYMENT BY CREDIT CARD

I wish to pay by: ☐ Visa ☐ Master Card ☐ Laser Card ☐ JCB ☐ Electron ☐ Delta

(Please note that there is an additional charge of €4.50/£4.00 per booking for payment by credit card)

CREDIT CARD NUMBER

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Credit Card CVV Code ☐☐☐☐

CREDIT CARD EXPIRY DATE ☐☐/☐☐

CARDHOLDER'S SIGNATURE: _____

DATE: _____/_____/_____