

SUMMER SEMINARS 2010 BOOKING FORM

Name: _____ Student Number: _____

Address: _____

Email Address: _____

CLOSING DATE FOR RECEIPT OF THIS FORM IS FRIDAY 16th July 2010

VENUE: Accounting Technicians Ireland, 47-49 Pearse Street, Dublin 2

COST: €45.00/ £30.00 per Seminar

COURSE CONTENT: Summer 2010 Exam Papers, Question/Answer Session

I wish to attend the following seminar(s):

FIRST YEAR

Subject	Date	Time	Venue
<input type="checkbox"/> Taxation I	Saturday 24/07/2010	9.30am - 1.00pm	Room: Gold Hall (level -1)
<input type="checkbox"/> Financial Accounting I	Saturday 24/07/2010	2.00pm - 5.30pm	Room: Gold Hall (level -1)
<input type="checkbox"/> Law & Ethics	Saturday 07/08/2010	9.30am - 1.00pm	Room: Gold Hall (level -1)
<input type="checkbox"/> Business Management	Saturday 07/08/2010	2.00pm - 5.30pm	Room: Gold Hall (level -1)

NB: Each Seminar will run subject to a minimum number of students registering for attendance.

SECOND YEAR

Subject	Date	Time	Venue
<input type="checkbox"/> Financial Accounting II	Saturday 24/07/2010	9.30am - 1.00pm	Room: Green Hall (level -1)
<input type="checkbox"/> Management Accounting	Saturday 24/07/2010	2.00pm - 5.30pm	Room: Green Hall (level -1)
<input type="checkbox"/> Taxation II	Saturday 07/08/2010	9.30am - 1.00pm	Room: Green Hall (level -1)

NB: Each Seminar will run subject to a minimum number of students registering for attendance.

In total, I wish to book _____ seminars (please insert number)

PAYMENT DETAILS

I wish to pay by Postal order Bank draft Cheque

PAYMENT BY CREDIT CARD

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

Please note that all credit card transactions are subject to a €4.50/£4.00 handling charge. There is no charge for the use of non-Visa debit cards.

CREDIT CARD NUMBER

CVV

CREDIT CARD EXPIRY DATE

/

CARDHOLDER'S SIGNATURE _____

DATE: _____/_____/_____