SCHOOL OF PROFESSIONAL ACCOUNTANCY
CPD / CPE
REGISTRATION FORM

GRIFFITH COLLEGE

Title | **Forename** | **Surname**

Accountancy Body | **Membership Number**

Date of Birth
dd/mm/yyyy

Permanent Home Address

Address:

Home No.

Work Name and Address

Name:

Address:

Work No.

Email Address | **Mobile No.**

Method of Payment (No Cash)

Credit Card/Laser

Number: _____/_____/_____/_____

Expiry Date: _____/_____

Security Code: _____

Cardholders Name _____

Amount: _____

Payment is also accepted by:

Bankdraft ☐ Sponsored ☐

Cheque ☐ Credit Note ☐

Where did you hear about the CPD / CPE seminars offered by GCD

Who to Contact

Milena Nikolova 01 4150476 e-mail: cpd@gcd.ie

How to Book

By Fax: Attention of CPD Department (01) 415 0 742

By Post: The CPD Department, Griffith College Dublin, South Circular Road, Dublin 8

By Email: cpd@gcd.ie

Official Use Only

Accepted ☐

Processed _____ **Payment Method** _____

Date	Name of Course	Campus	Time	Price €
			TOTAL	**€**

Cancellations

- If you are unable to attend, you may subscribe an alternative delegate at no extra charge.
- We accept cancellations up to 14 days before the seminar / course commencement and will refund your fees less an administrative charge of €30
- Cancellations made within 14 days of the event will not be refunded.
- Upon signing this registration form, delegates commit to paying the full course fee irrespective if they choose to cancel their place.
- We reserve the right to alter the published programme, speaker(s), or to cancel an event at our discretion, in which case our liability shall be restricted only to any fees paid to us.

I, the undersigned hereby acknowledge:

I accept that Griffith College Dublin reserves the right to change any of the details given in any seminar brochure, that the seminar is dependent on demand. I accept responsibility for payment of all fees in connection with the seminar on which I am enrolling. I accept the cancellations policy above.

Signed: _____

Date: __ _____