

BOOKING FORM

NAME OF ATTENDEE(S) _____

COMPANY _____

ADDRESS _____

EMAIL _____

I wish to attend (please tick):

Session 1 _____

Session 2 _____

Session 3 _____

Return this booking form with payment of €150 (per person per session) to

Margaret O'Shea

Training Manager

SIMI

5 Upper Pembroke Street,

Dublin 2.

Telephone: 01-6761690 or Email: training@simi.ie for further information