

Please complete all inform	nation below & advise if part	ticipants will at	tend all 4 modules or i	ndividual modules.
Participant 1 Name:		Grade/Job Ti	tle:	
Participant 1 Email:		Modules Att	ending:	
Participant 2 Name:		Grade/Job Ti	tle:	
Participant 2 Email:		Modules Att	ending:	
Participant 3 Name:		Grade/Job Ti	tle:	
Participant 3 Email:		Modules Att	ending:	
Participant 4 Name:	Grade/Job Title:			
Participant 4 Email:		Modules Att	ending:	
Name of Person Booking:				
Email of Person Booking:				
Organisation:				
Address for Corresponde	nce:			
Telephone:				
Send invoice to:				
Address for invoice:				
Purchase Order Number	(if applicable):			
Name of Authorising Officer:		Date:		
Where did you hear about t	he Course?			
☐ IPA Mailshot or Email	☐ IPA Website	■ Brochure	☐ Training Officer	☐ Colleague
■ Public Sector Times	☐ Other (please specify)			
Cancellation Policy:	Please note that, in the event of a cancellation less than 48 hours before the commencement of this seminar, a 15% cancellation fee will be charged. Cancellation fee will also apply to non-arrivals on the day.			
	ct you from time to time with o Please tick this box if you wou			• • • • • • • • • • • • • • • • • • •
Any Special Requirements:		ALL BOOKINGS MUST BE RECEIVED IN WRITING To confirm your place, please return your completed form by post, fax or email to: Central Bookings Office Institute of Public Administration 57-61 Lansdowne Road, Dublin D04 TC62 Tel: (01) 240 3666 Fax: (01) 668 9135		
				\mathbf{IPA}^{1}

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