**Notes for filling out this form:**

**\*** denotes a required field

Group discounts can be given, please email [info@icepe.eu](mailto:info@icepe.eu) for full details.

Please send completed forms to [info@icepe.eu](mailto:info@icepe.eu) Once your application form has been received, a member of the team will be in touch to discuss your booking/price/payment. **If you do not receive a response, please contact us at 01 651 0618 or email** [**info@icepe.eu**](mailto:info@icepe.eu)

Please Note: Your application cannot be fully processed until payment is received. Once payment has been received, an email will be sent to your email account with instructions on how to access the course content.

**SCHOOL/ORGANISATION DETAILS\***

|  |  |
| --- | --- |
| School/Organisation Name |  |
| Lead contact |  |
| Postal address |  |
| School type *(If applicable)* |  |
| Phone Number |  |
| E-mail address |  |

**TERM\***

|  |
| --- |
| Term 4 2021 (18 October – 12 December) |

**HOW DID YOU HEAR ABOUT ICEP EUROPE?\***

Google

Facebook

Colleague/Word of Mouth

ICEP Europe Poster/Flyer

ICEP Europe Email

Conference/Exhibition

Magazine

Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARTICIPANTS DETAILS\***

|  |  |  |
| --- | --- | --- |
| **Participants Name** | **Course** | **Individual Contact Details** |
|  |  | Email: |
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**PAYMENT OPTIONS\***

**Option 1) Invoice**

If your school/organisation needs to be invoiced *(Invoice will be emailed to the School/Organisation)* please supply a PO number:

**Option 2) Paying by Credit/Debit Card**

Once a group price has been agreed upon, your card will be debited.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Card Expiry Date | | | | | |  | | | | | | | | | | | | | | |
| CVV  *(the last 3 digits on the back of the card)* | | | | | |  | | | | | | | | | | | | | | |
| Name on card |  | | | | | | | | | | | | | | | | | | | |

**Option 3) Paying by Electronic Transfer**

|  |  |
| --- | --- |
| Bank Name | Allied Irish Bank. |
| Bank Address | Main Street, Maynooth, Co. Kildare, Ireland. |
| Account Number | 18187012 |
| Sort Code | 93-32-01 |
| Swift | AIBKIE2D |
| IBAN No. | IE40AIBK93320118187012 |
| NOTE: Electronic payments should be notified by remittance advice, sent by post or email. | |

**DECLARATION\***

|  |  |
| --- | --- |
| By signing/electronically submitting this form you are authorising ICEP Europe to debit your account by the amount agreed upon. Please note: ICEP Europe will **not** store your credit card details on file. All forms are deleted/destroyed once fees have been processed. | |
| **Signed:** |  |
| **Date:** |  |