

COURSE DETAILS

Course Name: _____

Course Date: _____

Course Venue: _____

APPLICANT DETAILS

INMO Membership No: _____

NMBI PIN: _____

Non-Member: ☐

First Name (as registered with INMO): _____

Surname (as registered with INMO): _____

Address (as registered with INMO): _____

Home Telephone: _____

Mobile: _____

Email: _____

If you have any special dietary requirements please contact us at least 5 days in advance on 01 6640641/18

EMPLOYMENT DETAILS

Position: _____

Work Telephone: _____

Place of Employment: _____

PAYMENT DETAILS

Amount: € _____

Mastercard ☐Visa/Visa Debit ☐

Card Number:

Expiry Date:

CVV Number:

(3 digits on the back of your card)

Name and Initials (as they appear on the card) _____

Cancellation Policy: In the event of unforeseen circumstances the INMO reserves the right to cancel or suspend any programme at any time or for any reason as determined by the INMO. If you wish to cancel your attendance at a course, cancellation must be emailed to pdcc@inmoprofessional.ie or tel: 01 6640641/18 at least seven days before the course starting date. Fee will be refunded minus an administration charge.