

**APPLICATION FORM FOR
INTERACTIVE STATISTICS WORKSHOP
FOR CLINICIANS-IN-TRAINING
SATURDAY 23RD OCTOBER 2010**

PLEASE ENSURE YOU COMPLETE ALL SECTIONS OF THIS FORM WHERE POSSIBLE.

1. PERSONAL DETAILS

SURNAME:		FORENAME(S):	TITLE:
CURRENT ADDRESS:		ADDRESS FOR CORRESPONDENCE (IF DIFFERENT):	
TELEPHONE:		E-MAIL:	
DIETARY REQUIREMENTS, IF ANY: (ALL MEAT SERVED IS HALAL)			

2. CURRENT EMPLOYMENT DETAILS

INSTITUTION	DEPARTMENT	JOB TITLE

3. RESEARCH EXPERIENCE / PROJECT WORK (IF RELEVANT)

HAVE YOU CARRIED OUT ANY RESEARCH TO DATE? Yes No

IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION IN THE SPACE PROVIDED BELOW:

4. PAYMENT

PLEASE SEND A CHEQUE OR POSTAL ORDER FOR **€450 MADE PAYABLE TO NUTRASIGHT CONSULTANCY LTD** WITH THIS APPLICATION FORM TO THE ADDRESS BELOW OR **COMPLETE THE PAYMENT BY CREDIT/DEBIT CARD FORM OVERLEAF**

PLEASE ALLOW 10 WORKING DAYS FOR CONFIRMATION OF YOUR PLACE ON THE COURSE

NUTRASIGHT CONSULTANCY LTD
ARCLABS RESEARCH & INNOVATION CENTRE
WATERFORD INSTITUTE OF TECHNOLOGY
WEST CAMPUS
CARRIGANORE
WATERFORD

FOR QUERIES CONTACT:

SARAH O'REGAN
TEL: 051 302810
EMAIL: INFO@NUTRASIGHTCONSULTANCY.COM
WEBSITE: WWW.NUTRASIGHTCONSULTANCY.COM

Payment by credit/debit card

Fee for Interactive Statistics Workshop: €450

Card Details (please complete all parts)

Mastercard Visa Maestro/Laser

Card Start Date / Expiry Date /
(if available)

Card Number

Issue No. Security/CV2 No. (last 3 numbers on back of card)
(if available)

Cardholder's name: _____

Cardholder's billing address: _____

Cardholder's signature: _____