



BLOOD CANCER NETWORK IRELAND
**“Advances in translational and early clinical
 research in blood cancers”**



REGISTRATION FORM

Friday, 9th June 2017

Institute of Molecular Medicine, St James’s Hospital, Dublin

NAME:	
WORK ADDRESS:	
POSITION HELD:	
MOBILE TELEPHONE:	
EMAIL:	

Please note that the registration fee of €50 covers: Attendance at this one day symposium to include all tea/coffee breaks and lunch on Friday 9th June

<p>HOW TO PAY: Please note that we do not have credit card facilities and payment options are as set out below.</p> <p><u>Electronic transfer details:</u> <i>MUST include Ref: RNR1151 followed by your name in the payment narrative eg. RNR1151-Murphy-A</i></p> <p>Bank Account Name: National University of Ireland, Galway Account-no: 21013054 – Sort Code: 90 38 16 Bank Name/Address: Bank of Ireland, 43 Eyre Square IBAN No: IE 39 BOFI 903816 21013054 BIC: BOFIE2D</p> <p><i>If paying by electronic transfer, Registration form must be returned to Sinead Cassidy at the address below or via email.</i></p> <p>Other payment options: Please make cheque/bank draft or postal order payable to: “Pharmatek”</p> <p>All cheques should be posted (along with your registration form) to:</p> <p>Blood Cancer Network Ireland c/o Sinead Cassidy, Conference Secretariat, 9A Coolkill, Sandyford, Dublin 18 - Email: sinead@sineadcassidy.com</p> <p><i>If you would like to pay with cash, please fill in and return the Registration Form to Sinead either by email or post and ensure to bring payment along with you on the day</i></p>	
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I Have Paid By Electronic Transfer (Please ensure to include Ref: RNR1151 when making payment)	YES:___ NO:___
I enclose my registration fee (Cheque/Postal Order/Bank Draft):	YES:___ NO:___
I would like to request that an invoice be sent to me.	YES:___ NO:___
I would like to pay with cash on the day	YES:___ NO:___