This form should be returned to: JFICMI, 22 Merrion Square, North, Dublin 2

Name of Course:	Intensive Care Medicine Examination Preparatory Course			
		- 3 rd March 2023	• •	
Registration Fee:		€400		
Surname:		F	orename 1:	
Forename 2:			JFICMI Trainee ID No (if issued):	
Address line 1:				
Address line 2:				
Address line 3:				
Telephone number				
Email address:				
Please charge my cre	dit card:	Visa MasterCard		
Card number:	-	-	-	
Expiry date:				
Security Number (Las	t three numbe	ers on back of credit card:		