This form should be returned to:

JFICMI, 22 Merrion Square, North, Dublin 2

**Telephone:** 353 1 2650600 **Fax:** 353 1 265 0699 **Email**: [jficmi@coa.ie](mailto:jficmi@coa.ie)

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| **Name of Course:** | Intensive Care Medicine Examination Preparatory Course 26th Feb – 1st March 2024 (Mon, Tues, Thurs and Fri) |

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| **Registration Fee:** | **€400** |

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| **Surname:** |  | **Forename 1:** |  |

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| **Forename 2:** |  | **JFICMI Trainee ID No (if issued):** |  |  |  |  |  |  |

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| **Address line 1:** |  |

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| **Address line 2:** |  |

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| **Address line 3:** |  |

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| **Telephone number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email address:** |  |

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| **Please charge my credit card:** |  | **Visa** |  | **MasterCard** |

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| **Card number:** |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |

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| **Expiry date:** |  |  |  |  |  |

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| **Security Number (Last three numbers on back of credit card:** |  |  |  |