



**DUBLIN DENTAL  
UNIVERSITY HOSPITAL**  
OSPIDÉAL DÉADACH  
OLLSCOILE ÁTHA CLIATH

## **BENCH TEST PREPARATORY COURSE APPLICATION FORM**

I would like to enrol in the Bench Test Preparatory Course to be held **30<sup>th</sup> March – 1<sup>st</sup> April 2020.**

<b>Name</b>	
<b>Address</b>	
<b>Email Address</b>	
<b>Mobile No.</b>	

The fee for the course is **€2,200**

**Method of payment:** Cheque or Credit Card (Master Card or Visa)

**Cheque Payable to:** Dublin Dental University Hospital

<b>Credit Card No.</b>	
<b>Security Code</b>	
<b>Expiry Date</b>	
<b>Name</b>	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_