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| BENCH TEST PREPARATORY COURSE APPLICATION FORM | | |
| I would like to enrol in the Bench Test Preparatory Course to be held 31st March & 3rd April 2023. | | |
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| Name |  | |
| Address |  | |
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| Email Address |  | |
| Mobile No. |  | |
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| The fee for the course is €1,500  Method of payment: Bank Transfer to:  Dublin Dental Hospital  Ulster Bank  College Green  IBAN : IE63ULSB98501012032827  Bic : ULSBIE2D  Please email a copy of the receipt of this payment & any queries to niamh.leonard@dental.tcd.ie | | |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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