



## APPLICATION FORM

I would like to enrol in the Bench Test Preparatory Course to be held 1<sup>st</sup> – 3<sup>rd</sup> April 2019

Name	
Address	
Email address	
Mobile no	

**The fee for the course is €2,200**

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

**Cheque payable to:** Dublin Dental Hospital Board

Credit Card no	
Security Code	
Expiry Date	
Name	

Signature \_\_\_\_\_ Date \_\_\_\_\_