

CPD APPLICATION FORM

PERSONAL DETAILS

Surname: _____ Forename(s): _____

Address: _____

Phone Number: _____ Mobile: _____

Accountancy Body: _____ Membership Number: _____

E:mail: _____

EMPLOYMENT DETAILS

Employer: _____ Work Phone: _____

Employer Address: _____

SEMINAR(S) YOU WISH TO ATTEND:

<u>Date</u>	<u>Topic</u>	<u>Fees</u>
TOTAL		€

PAYMENT (Please tick appropriate): (cheques payable to **Independent Colleges**)

Cheque Bank Draft Postal Order

Debit/Credit Card Details:

Card Type: Visa MasterCard Laser

Debit/Credit Card Number:

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Expiry Date: MM / YYYY

Cardholder's Name: _____

Signature: _____

*Independent Colleges reserves right to alter/cancel any of the CPD courses.

Please return the completed application form to **School of Professional Accountancy, Independent Colleges, 60-63 Dawson Street, Dublin 2** or fax **01 635 1120** or email **cpd@independentcolleges.ie**