**IIC REGISTRATION FORM CORK 30st September to 1st October 2017**

**Please ensure all details are correct and the form is complete**

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| **SURNAME** |  |
| **FORENAME** |  |
| **MALE or FEMALE** |  |
| **DATE OF BIRTH** |  |
| **POSTAL ADDRESS** |  |
| **NATIONALITY** |  |
| **ORGANISATION / ASSOCIATION** |  |
| **INSTRUCTOR’S NAME** |  |
| **RANK** |  |
| **Banquet Meal Yes / No?** |  |
| **PAYMENT REFERENCE NO.** |  |
|  | |

**Forward Details To:**

**Email:** secretarytkdalliance@gmail.com