



XIV COCHRANE COLLOQUIUM

Dublin, Ireland
23 - 26 October 2006

Ireland Session – Monday 23 October 2006

Complete and return your booking form to:

Colloquium Secretariat,
PLATINUM ONE

Fax: +353 1 2062999

Email: colloquium@platinumone.ie

When contacting PLATINUM one please state that your enquiry is regarding the Ireland Session.

Please complete this form to attend the Ireland Session only, if you wish to register for the whole Colloquium, please go to the Colloquium website at www.colloquium.info and register online. If you are registered for the Colloquium you will not be charged to attend the Ireland Session, but you will still need to complete a registration form.

Delegate Details

Title _____

First Name _____

Surname _____

Name as you would like it to appear on your badge _____

Affiliation (for name badge) _____

Organisation _____

Mailing address 1 _____

Mailing address 2 _____

Post Code _____

Country _____

Work Phone _____

Email Address _____

Delegate Registration

I wish to attend the Ireland Session on Monday 23 October 2006.

Additional Information

Please list any special requirements you may have. _____

Please list any dietary requirements. _____

Colloquium Welcome Reception

The Welcome Reception for the Colloquium takes place at the Guinness Storehouse on the evening of Monday 23 October. If you would like to attend please indicate below.

Welcome Reception

Transport to the Welcome Reception

© Colloquium 2006 Registration Desk

Tel: +353 1 2062912 Fax: +353 1 2062999 Email: colloquium@platinumone.ie

Payment Details for Ireland Session
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Please note, if you are already registered to attend the XIV Cochrane Colloquium, no fee is payable for either the Ireland Session or the Welcome Reception.

<input type="checkbox"/> Registration for the Ireland Session	75 euros	€
<input type="checkbox"/> Welcome reception	60 euros	€
<input type="checkbox"/> Registered to attend Colloquium	Fee waived	€
TOTAL DUE		€

- Please debit my credit card details for the amount owed above.
- Please forward me an invoice for payment through bank transfer.

Credit Card Details

Type: Amex / Visa / MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____

Signature: _____

A full confirmation letter & receipt will be forwarded, following completion of payment.

Accommodation

If you require accommodation, please contact the Colloquium Secretariat (colloquium@platinumone.ie). For further information on accommodation please go to the XIV Cochrane Colloquium website www.colloquium.info.

Delegates can select from the accommodation options below. The Ireland Session will be held in the Burlington Hotel. Delegates will pay for hotel accommodation on departure. You need only provide credit card details as a guarantee for any accommodation you wish to reserve. We do not require prepayment and we will only debit the credit card details entered below in the event of non appearance or a cancellation.

All rates are in Euros (€) and are inclusive of full Irish breakfast, service charge and VAT @ 13.5%.

<p>The Burlington Hotel</p> <p><input type="checkbox"/> Standard Single €160.00 Room for Single Occupancy</p> <p><input type="checkbox"/> Standard Double €180.00 One Double Bed for two people sharing</p> <p><input type="checkbox"/> Executive Single Room €192.00 Executive Room Single Occupancy</p> <p><input type="checkbox"/> Executive Double Room €212.00 Executive Room with one Double Bed for two people sharing.</p>	<p>Grand Canal</p> <p><input type="checkbox"/> Standard Single €131.00 Room for Single Occupancy</p> <p><input type="checkbox"/> Standard Double €147.00 One Double Bed for two people sharing</p>
<p>Quality Hotel</p> <p><input type="checkbox"/> Standard Single €100.00 Room for Single Occupancy</p> <p><input type="checkbox"/> Standard Double €115.00 One Double Bed for two people sharing</p>	<p>Lansdowne Hotel</p> <p><input type="checkbox"/> Standard Single €95.00 Room for Single Occupancy</p> <p><input type="checkbox"/> Standard Double €144.00 One Double Bed for two people sharing</p>
<p>Mespil Hotel</p> <p><input type="checkbox"/> Standard Single €130.00 Room for Single Occupancy</p> <p><input type="checkbox"/> Standard Double €140.00 One Double Bed for two people sharing</p>	

Booking Details

Check-In Date: _____

Check-Out Date: _____

Special Requirements

Please enter any special requirements you may have below:

Payment Details for Accommodation for Ireland Session

Please debit my credit card details for the selected accommodation.

Please forward me an invoice for payment through bank transfer.

Credit Card Details

Type: Amex / Visa / MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____

Signature: _____

Please note that delegates will be required to pay for their own accommodation.

A full confirmation letter & receipt will be forwarded, following completion of payment.