



Registration Form

This form may be photocopied, or go to www.projectmaths.ie/conference.asp to download a copy

BLOCK CAPITALS ONLY- ONE APPLICATION FORM PER PERSON

First Name			
Surname			
School			
School Roll No			
Email			
Teacher	Principal	Student	Other (please give details)

Please tick below where appropriate

Registration	Yes	No		Yes	No
I will attend on Friday at 18:00			I will attend on Saturday 09:30 - 15:45		

Saturday, 16th November 2013

You are invited to register for **5 parallel sessions** below. Please enter in the grid below the session numbers you wish to attend for each time slot (to view list of sessions see www.projectmaths.ie/conference.asp). We will endeavour to meet your preference but limited spaces will apply per session and priority will be given to those who register first.

3 choices must be notified in all cases. If a 2nd and 3rd choice is not specified, we will choose on your behalf.

Time	1st choice (sessions)	2nd choice (sessions)	3rd choice (sessions)
11.00 - 11.45 (Sessions 1 - 5)			
11.45 - 12.30 (Session 6 - 10)			
LUNCH			
13.30 - 14.15 (Sessions 11 - 15)			
14.15 - 15.00 (Sessions 16 - 20)			
15.00 - 15.45 (Sessions 21 - 25)			

CONFERENCE FEE - Payment Method

OPTION A - CHEQUE

A cheque for **€ 30.00** made payable to Project Maths is enclosed with this form.

OPTION B - BANK TRANSFER - PLEASE NOTE: IF USING BANK TRANSFER OPTION YOU **MUST** USE YOUR SURNAME AND INITIALS AS A REFERENCE ON TRANSACTION

Bank of Ireland:

Sort Code: 900738

Account No: 95078651

Account Name: Project Maths Current Account

Amount

€	30.00
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Registration & Payment must be returned by **POST**: with **cheque** or **bank transfer receipt** to: Project Maths Administrator, Drumcondra Education Centre, Drumcondra, Dublin 9 **NO LATER THAN FRI 18TH OCTOBER 2013**