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| BENCH TEST PREPARATORY COURSE APPLICATION FORM  |
| I would like to enrol in the Bench Test Preparatory Course to be held 31st March & 3rd April 2023. |
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| Name |  |
| Address |  |
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| Email Address |  |
| Mobile No. |  |
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| The fee for the course is €1,500Method of payment: Bank Transfer to:Dublin Dental Hospital Ulster BankCollege GreenIBAN : IE63ULSB98501012032827Bic : ULSBIE2DPlease email a copy of the receipt of this payment & any queries to niamh.leonard@dental.tcd.ie |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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