



**SECTION B Your Details**

**PLEASE COMPLETE:**



Name 1
Name 2
Address
Contact Phone
Email Address

Have you any special dietary needs? If you have, please specify:		
Please tick if you use a wheelchair	<input type="checkbox"/>	
Do you need a disabled-friendly room? (Subject to availability)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION C Payment Details**

**PLEASE COMPLETE AS APPROPRIATE:**

- Cheque    Postal Order/Bank Draft    Credit/Debit Card

Please make all Cheques/POs/Drafts payable to "Parkinson's Association of Ireland" and send your payment, along with the completed form, to:

**Parkinson's Association of Ireland, Carmichael House, North Brunswick Street, Dublin 7**

If paying by credit or debit card, please fill in the necessary details below, and post the completed form to us at the address above.

<b>CREDIT /DEBIT PAYMENT</b>	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Maestro	<input type="checkbox"/> Laser	<i>(Please tick one)</i>															
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Valid from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>(Maestro only)</i>
CVV Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>(the last three numbers on the back of your card)</i>																
I hereby authorise payment of (amount) € _____ to Parkinson's Association of Ireland																				
Name on card (please print) _____																				
Name and Billing Address of Account Holder _____																				
_____																				
Signature _____																				
<b>IT IS OUR POLICY TO ISSUE RECEIPTS FOR ALL MONIES RECEIVED</b>																				