# ACCS C.P.D. PROGRAMME 2017/2018

# BOOKING FORM

## Please complete in block capitals and return to school

|  |  |
| --- | --- |
| SECTION 1 – PROGRAMME DETAILS | |
| Name of Programme | Planning & Implementation of the New Special Education Needs Model |
| Date & Venue of Programme |  |
| Time | 1.30 p.m. – 4.30 p.m. |

|  |  |
| --- | --- |
| SECTION 2 – SCHOOL DETAILS | |
| Name of School |  |
| Address |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| SECTION 3 – PARTICIPANTS DETAILS | |
| 1. Participant’s Name  Participant’s Email Address |  |
|  |
| 2. Participant’s Name  Participant’s Email Address |  |
|  |
| 3. Participant’s Name  Participant’s Email Address |  |
|  |

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| SECTION 4 – PAYMENT DETAILS |
| Course Fee: No fee will apply for this in-service |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed by Secretary, Board of Management |

**Completed booking form to be sent to:**

Ms. Eileen Diver, ACCS, 10H Centrepoint Business Park, Oak Drive,

Dublin 12.

Telephone: 01 4601150 Facsimile: 01 4601203

Email: ediver@accs.ie