

BOOKING FORM

Date:

Time:

CERTIFIED FINANCIAL PLANNER[™] professional 2017 Annual Conference

Thursday, 9th November 2017

The Heritage Golf & Spa Resort Killenard, Co Laois

Registration opens

CPD session commences

CPD session recommences

Morning break (with light refreshments)

Thursday, 9th November 2017

8:30am

11:30am 11:50am

Signed: ____

9:30am sharp

		1:30pm	CPD session concludes followed by lunch
	Venue:	The Ballroom, T	The Heritage Golf & Spa Resort, Killenard
	Cost:	€100.00	
Terrie K		Please comp	vard 4 CPD hours to CFP® professionals blete the booking form below and return to 017, by email, terrie.kennedy@fpsb.ie, by fax 01 4554530 or by post to
	Te	errie Kennedy, FPSE	3 Ireland Ltd, 185a Kimmage Road West, Dublin 12
			e complete using block capitals
FIRST N AI	ME:		SURNAME:
COMPANY	: :		Address:
Mobile N	UMBER:		
EMAIL:			
	wish to confir <mark>ircling</mark>)	rm / decline my atte	ndance at the FPSB 2016 Annual conference (please indicate by
• 1	wish to confirr	m I will / will not sta	y for lunch (please indicate by circling)
• F	ood allergies,	please outline	

Payment Form



Please use BLOCK CAPITALS.					
Forename(s): Surname:	-				
Payment by Cheque / Bank Draft / Postal Order Tick if paying by cheque / bank draft / postal order All cheques/bank drafts/postal orders are to be made payable to: Financial Planning Standards Board Ireland Ltd					
Card Payment Details Visa Mastercard Laser/Maestro Card Number (mm/yy) Expiry Date (mm/yy) CCV Number (3 digits on back of card) Amount Paying € (3 digits on back of card) Name of Cardholder					
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IN OFFICE USE ONLY Date application received: Received by: Fax Post Email Payment type: Credit/Debit Card Cheque Bank Draft Postal Order Date processed: Processed by:					
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