



11 Wentworth, Eblana Villas,  
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Website: [www.napd.ie](http://www.napd.ie)

**NAPD Conference:  
Radisson Blu Hotel, Galway  
Thursday 15 - Friday 16 October 2015**

- A. Conference Registration Form (White)** together with registration fee **€295** (per person) to be returned to **NAPD, 11 Wentworth, Eblana Villas, Grand Canal Street Lower, Dublin 2** in envelope marked **“Conference 2015”**
- This fee includes*
- Conference handouts
  - Plenary Sessions and Workshops
  - Meals: **Thursday 15 October:** (Lunch and Informal Dinner 8pm - 9.30pm)
  - Friday 16 October:** (Lunch and Conference Banquet)
  - Coffee: Thursday am/pm/Friday am/pm
- B. Hotel Reservation Form: (Coloured)** also available [www.napd.ie](http://www.napd.ie)

**Radisson Blu Hotel, Galway  
Conference Hotel**

<b>Accommodation B &amp; B</b>	<b>Single</b>	<b>Double</b>	<b>Twin</b>
<b>Rate per person per night *</b>	<b>€110</b>	<b>*€60</b>	<b>*€60</b>

Please complete and return Hotel Reservation Form **directly to the Hotel** together with your **booking deposit (deposit = single or double room rate for one night)**. **“NAPD Conference 2015”** must be quoted in all communications with hotels.

**REGISTRATION TERMS AND CONDITIONS**

- A. Each participant must complete (**IN BLOCK CAPITALS**) an individual registration form **and** an individual accommodation booking form and forward as specified on these forms.
- B. **Friday 9 October** is the final date for registration for NAPD Conference 2015. This date will be strictly adhered to and registrations **will not be accepted** in Galway.
- C. Schools using Electronic Payment System to pay NAPD Conference Registration fee **must** quote **Roll Number** and the **Surname of Delegate** on their remittance.
- D. **ETB Principals and Deputy Principals** should forward Registration Form to **NAPD Office** and request invoice for **€295** which should be processed **immediately** on receipt to ensure payment prior to Conference. **Please note that once an invoice has been issued you are registered for the Conference. A registered delegate whose invoice has not been processed through their ETB Head Office and who does not attend the Conference will be charged a fee of €125 for failure to cancel their registration before Friday 9 October 2015. For refunds: please see section E.**
- E. Refund of conference registration fee by **NAPD** will only be made (*after the Conference has concluded*) if cancellation is received **in writing** by Friday 9 October 2015. **Subsequent cancellations will incur a cancellation charge of €125.** No refunds will be made in respect of informal dinner (15 October) or Conference Banquet (16 October) should delegates or their partners **choose not to avail of them.** The Association will be required to pay these costs by the hotel.

**REMEMBER – Booking Hotel Accommodation does not register you for Conference.**  
**N.B. Please return Conference Registration Form (White) and Registration Fee to Office when booking hotel.**

# Radisson Blu Hotel – Booking Form

Lough Atalia Road, Galway

Tel: (091) 538 300 Fax: (091) 538 380

**NAPD Conference: 15 - 16 October 2015**

Each participant **must complete and forward** an individual accommodation booking form **directly to the hotel**.  
A deposit of one nights accommodation must be included with this form  
(if deposit or credit card number is not enclosed your booking will not be processed).

## PERSONAL DETAILS: Please complete in block capitals

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mob. No.: \_\_\_\_\_

Name & School address of other person if sharing: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mob. No.: \_\_\_\_\_

Email Address.: \_\_\_\_\_

<b>Accommodation B &amp; B</b> Rate per person per night *	<b>Single</b> €110	<b>Double</b> *€60	<b>Twin</b> *€60
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## ACCOMMODATION REQUIREMENTS: PLEASE TICK ✓/FILL IN AS APPROPRIATE

Single  Double  Twin

### DATES REQUIRED:

Thursday 15 October  Friday 16 October  Additional Night  
(Please specify date): \_\_\_\_\_ October

## METHOD OF PAYMENT: PLEASE TICK ✓

Cheque for € \_\_\_\_\_ in respect of deposit enclosed. **Please make payable to hotel**

**OR**

Credit Card. Please debit my account € \_\_\_\_\_ in respect of deposit

Type: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_

Card No.: \_\_\_\_\_

Security No.: \_\_\_\_\_ Last 3 digits on back of credit card

Signature: \_\_\_\_\_

**Specific Dietary Requirements:**