



5TH ANNUAL TOURISM POLICY WORKSHOP DROMOLAND CASTLE 2014 APPLICATION FORM

Name(s) : _____

Organisation : _____
(if applicable)

Company / Home Address : _____

Telephone (day) : _____ Mobile : _____ Email : _____

Accompanied By : _____

I wish to reserve the following: (Priority will be given to early bookings with payment)

	<u>Cost per person sharing</u>	<u>No. of Persons</u>	<u>Total</u>
<u>Dromoland Castle</u> (The above price includes 2 nights B/B and Dinner on both evenings)	€310	<input type="checkbox"/>	_____
Single Supplement (if available)	€60 per night	<input type="checkbox"/>	_____
<u>The Inn at Dromoland</u> (previously The Clare Inn Hotel) (This price includes 2 nights B/B in the Inn & Dinner on both evenings in Dromoland)	€240	<input type="checkbox"/>	_____
Single Supplement for the Inn	€35 per night	<input type="checkbox"/>	_____
Conference Registration fee (by Tuesday 4th November latest)	€150	<input type="checkbox"/>	_____
Non Resident Dinner Friday night	€75	<input type="checkbox"/>	_____
Non Resident Dinner Saturday night	€75	<input type="checkbox"/>	_____

(If accompanying person is paying separately from your organisation, please enclose cheque payment or preferably details of bank transfer with this application)

Total amount due: _____

Bank transfers to be made as follows:

Reference - Tourism Policy Workshop, Dromoland 2014
Bank Details:
Bank Name: Ulster Bank, University Campus, Limerick
Sort Code: 98-60-50
Account: 11090064
Name: University of Limerick No 1 Current Account
IBAN: IE94 ULSB 9860 5011 0900 64
Swift Code: ULSBIE2D

Return Application Form with payment to:

Josephine O'Sullivan
Kemmy Business School
Room KB3-22A
University of Limerick
Castletroy,
Limerick

Tel: 061-202284

Further information is available on:

www.dromolandannualtourismpolicyworkshop.wordpress.com
or email your query to josephine.osullivan@ul.ie