



REvision Day
Saturday 15th October 2016

Registration Form for Teachers

Name: _____

School: _____

Phone: _____

(Please note your phone number will not be retained. It is only requested in case of an emergency)

Register by email:

I will pay €30 on the morning at registration

Register by post:

I have enclosed the fee of €30 by Cheque/Postal Order/Bank Draft

Signed: _____ Date: _____

For postal registration please return to:

Theology Office
Pontifical University
Saint Patrick's College
Maynooth
Co Kildare