

REGISTRATION FORM

PRIMARY PRINCIPALS - NCTE INSERVICE SEMINARS

Please complete all sections of this form. If the sections we have already auto-completed from our database are incorrect, please write/type in the correct information.

Complete form & return by fax or post to the ICT Administrator in the Education Centre by 28th January 2010

Contact Details for the School	School Name	
	Roll Number	
	School Address	
	School Phone Area Code	
	School Phone No.	
	School Fax No.	
	School Email	
	School Website	
	Principal First name	
	Principal Surname	
	No. of children in school	
	No. of teachers in school	
Contact Details of Principal attending	Preferred contact telephone number <i>(please give area dialing code)</i>	
	Preferred Email Address	
	¹ PPS number <i>(if claiming sub cover)</i>	
ICT Seminar Venue & Date Preferences <i>(list of dates & venues enclosed)</i>	Education Centre Name	
	Preferred Date to Attend	

Notes

¹ PPS number is required for the purposes of administering substitution cover claims.

² The information provided on this form is subject to the rights and obligations set out in the Data Protection Acts, 1988 & 2003.