**Remittance Advice**

Do not submit credit card details by email

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| **Title of Activity: (required information)** | |
| *(Be sure that the title you enter here is consistent with the title on the application form)* | |
| **Date(s) of Activity: (required information)** |  |
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| **Application Reference:** | |
| Important! Contact us for an application reference number before submitting your payment | |

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| **Cheque** |
| Please attach your cheque to this form |

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| **Credit Card Details** |
| Card Number: |
| Expiry Date: |
| Card Type (Visa or Mastercard only): |
| Amount: |
| Cardholder: |

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| **Request Invoice or Electronic Fund Transfer (EFT) Details** |
| I require an invoice I require EFT details |
| If your institution requires a purchase order, attach it to this form, or enter your purchase order reference here |

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| **Application Assessment Fee** | |
| (a) Activity organised and/or hosted by a single industry sponsor *(pharmaceutical or medical device company)* | €1,500 |
| (b) Activity organised and/or hosted by a professional/commercial education provider | €1,500 |
| (c) Activity with multiple industry sponsors  *Applications for an activity supported by multiple industry sponsors may not be submitted by an industry sponsor or by an agent acting on their behalf* | €500 |
| (d) Activity supported by an unrestricted educational grant  *Applications for an activity supported by an unrestricted educational grant may not be submitted by an industry sponsor or by an agent acting on their behalf* | €500 |
| (e) Unsponsored activity with registration fee  *Activities supported by an academic institution, hospital, state body or charity can be included in this category.* | €250 |
| (f) Unsponsored activity no registration fee  *Activities supported by an academic institution, hospital, state body or charity can be included in this category.* | No Charge |
| **The assessment fee is non-refundable** | |

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| **Payment Methods** |
| **Cheque:** Please complete the remittance advice on the following page and submit to us by post.   |  |  | | --- | --- | | Professional Competence Department  Royal College of Physicians of Ireland  19 South Frederick Street  Dublin D02 X266 | Direct line: (01) 863 9739 |   **Credit Card:** WE can accept Visa/Mastercard debit or credit cards.  We cannot accept credit card details by email, but we can take your details by phone, or you can use the remittance advice on the following page.  **EFT:** contact us to request a reference number and transfer details before submitting an electronic fund transfer  **Purchase Order** contact us to request a reference number before submitting a purchase order  **Invoice:** contact us to request a reference number before you submit your application. |