**School Details**

|  |  |
| --- | --- |
| **Institution Name** |  |
| **Contact Person** |  |
| **Job Title and Email Address** |  |
| **Contact Number** |  |
| **Number of students attending:**  |  |
| Please select estimated time of arrival  |  |  |
| 10.00 |  |
| 11.00 |  |
| 12.00 |  |
| 13.00 |  |

**For further information or to confirm attendance, please contact below:**

**Name:** Lorraine Danaher

**Email:** lorrainedanaher@regionalskills.ie

**Tel: 09064 71897**

**Mobile: 086 1749290**

**Name:** Anne Naughton

**Email:** anaughton@ait.ie

**Tel: 090 64 71870**

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