




NCBI
Working for People
with Sight Loss

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Spex Day

2011 Participation Form

Name of School _____

Roll Number: _____

Which year groups will enter? (please tick as appropriate)

JI SI 1st 2nd 3rd 4th 5th 6th

Number of pupils taking part _____

Job Title _____

First Name _____ **Surname** _____

E-mail _____ **Contact No.** _____

Address _____

Please return to: NCBI Head Office, Whitworth Road, Drumcondra, Dublin 9.

Email: spexday@ncbi.ie Fax Number: (01) 830 7787

If you have any further enquiries please call: LoCall 1850 33 43 53 or 01 830 7033

Charity No. CHY 4626