

**Mount St. Anne’s Retreat & Conference Centre**

**Retreat Tuesday 8th – Monday 14th August 2023**

**Booking Form for Dr Gráinne Doherty’s Retreat**

|  |  |  |
| --- | --- | --- |
| Name(s): | | Contact Number: |
| Address: | | |
| Email Address: | | |
| Date(s) of Event**: 8th – 14th August 2023** | | No. Attending: |
| Arrival Time: **You will be assigned a time of arrival** | | Departure Time**: after Lunch on 14th August** |
| Meal Times:  Breakfast 8.30am  Lunch 1.00pm  Supper 6.00pm |  | |
| Any Dietary Requirements: | | |
| Deposit**: €100** required to secure your booking, payable by cheque or over the phone by Visa | | |
| Any Other Information: | | |

*Kindly complete and return to: secretary@mountstannes.com or post to: The Secretary, Mount St. Anne’s, Killenard, Portarlington, Co. Laois*

*Please retain a copy of the completed form for your own records*

*For office use only*

|  |  |  |  |
| --- | --- | --- | --- |
| *Invoice No.* | *DG* | *DS* | *DPR* |
|  |  | *Email/Post* |  |
|  |  |  |  |
| *Notes:* |  |  |  |

*Booking Completed*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Secretary*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CEO*