



## REGISTRATION FORM 2006

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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### DISCIPLINE:

Cardiac  GI  Neurophysiology  Respiratory  Vascular

### CONFERENCE FEES:

**Early registration (before 4<sup>th</sup> August):**

**Member: 25Euro Non Member: 40Euro Student: 10 Euro**

**Late registration (after 4<sup>st</sup> August):**

**Member: 30Euro Non Member: 40Euro Student: 10 Euro**

**DO NOT ENCLOSE CASH** - Please make cheque payable to IICMS

### PLEASE RETURN THIS FORM TOGETHER WITH YOUR FEE TO:

Odette O'Flaherty  
Neurophysiology Chief Technician  
Childrens University Hospital  
Temple Street  
Dublin 1.

***NOTE: THIS FORM CAN BE PHOTOCOPIED AS REQUIRED***