Conference Application Form 2009

Name: _____

Role in Health Service: _____

College: _____

Fee:	€75	If registered before Thursday 5th March
	€100	If registered after Thursday 5th March

I will be attending for dinner on Friday 13th at Carton House

Please circle YES NO

Please indicate which workshops you would be interested in attending
(see programme)

Friday 13th March
1:……

2:…….
Saturday 14th March
1……..

2……...
Please return completed application form with cheque for the applicable fee made payable to the Irish Student Health Association.

Dr Denis Gaffney
Glenroyal Medical Centre
Maynooth
Co Kildare
Phone: (01) 6291169
Fax: (01) 6016561
drdenisgaffney@hotmail.com