REGISTRATION FORM

Surname: First Name: Title:

Address:

Tel: Email:

Hospital Connection:

To register please fill in the above form and forward it with your registration to:

Helen Murphy

Secretary to:

Prof. Michael O’Keeffe

Level 5, Mater Private Hospital,

Eccles St., Dublin 7.

Tel: (00 353 1) 885 8626

Email: hmurphy@materprivate.ie

**Registration Fees:**

Consultant Fee: €180 (GBP: £150)

Non Consultant Fee: €140 (GBP: £100)

Please tick ( ) if you require a receipt for fees paid

Please make cheques payable to Professor Michael O’Keeffe.

***DUE TO THE POPULARITY OF THIS MEETING,***

***THERE ARE LIMITED PLACES SO PLEASE REGISTER EARLY***