REGISTRATION FORM

Surname: First Name: Title:

Tel: Email:

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

Please tick which meeting you will attend

Joint UKISCRS ( )

Mr Peter Barry Memorial Lecture/Dinner ( )

Or both ( )

Cathy Fox

Tel: (00 3531) 6343659

Email: cathy.fox@rveeh.ie

**Registration Fees:**

Consultant Fee: €200 (GBP: £180)

Trainees: No Fee

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

Please make cheques payable to Royal Victoria Eye & Ear Hospital.

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

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