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| ***IRISH SOCIETY OF*** ***COMMUNITY AND PUBLIC HEALTH MEDICINE*****Annual Scientific Meeting and AGM** **Thursday 3rd and Friday 4th October 2024****The Gresham Hotel (Riu Plaza), 23 O’Connell Street Upper, Dublin D01C3W7****E-mail registration form** |
| *1.Complete form in white areas**2.Click on* ***File****3.Click on* ***Save & Send****4.Select* ***Send as an Attachment*** *5.Email to* *treasurer@iscphm.ie* |
| **Name:** | *Dr*  |
| **Medical Council Registration Number** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| *area of work* | **X** |  |
| **Community Medicine** |  |
| **Public Health**  |  |
| **Retired** |  |
|  |
| **Attending:** | **X** | **Employed:** | *Retired:* | Includes annual member registration fee of **€30.00**If you wish to register as member without attending please pay **€30.00** |
| **Full conference** |  | **€250** | *€125* |
| **Day 1 only** |  | **€150** | *€75* |
| **Day 2 only** |  | **€110** | *€55* |
| **After submitting your registration form *please pay on-line*:****Payee name: ISCPHM****IBAN: IE73 BOFI 9000 1715 8596 43** **Reference: Your name and medical council registration number.***(This is essential for matching your payment to your registration form)**If you require an alternative payment option please email Gretta Tarrant at* *treasurer@iscphm.ie***A receipt of payment will be emailed with CPD certs following the meeting**. |