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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*](mailto: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*](mailto:treasurer@iscphm.ie)  **A receipt of payment will be emailed with CPD certs following the meeting**. | | | | |