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| ***IRISH SOCIETY OF***  ***COMMUNITY AND PUBLIC HEALTH MEDICINE***  **Munster Branch Annual Educational Meeting**  **Tuesday 6th May 2025**  **Maryborough Hotel, Maryborough Hill, Douglas, Cork, T12 XR12**  **Please e-mail registration form to louise.fullam@hse.ie and pay online (details below)** | | |
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| **Name:** | *Dr* | |
| **MCRN:** |  | |
| **Address:** |  | |
| **Telephone number:** |  | |
| **Email address:** |  | |
| **Dietary requirements:** |  | |
| *area of work* | **X** |  |
| **Community Medicine** |  |
| **Public Health** |  |
| **Retired** |  |
|  | | |
| **After submitting your registration form *please pay on-line*:**  **Fee: €85**    **Payee name: Munster Branch of the Irish Society of Community and Public Health Medicine**  **IBAN: IE68BOFI90280587203512**  **BIC: BOFIIE2D**  **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* **louise.fullam@hse.ie**  **A receipt of payment will be emailed with CPD certs following the meeting**. | | |