



POSTAL REGISTRATION FORM 2007

NAME: _____

ADDRESS: _____

DISCIPLINE:

Cardiac GI Neurophysiology Respiratory Vascular

CONFERENCE FEES:

Early registration (before 31st August): _____

Member: 25Euro Non Member: 40Euro Student: 10 Euro

Late registration (after 31st August): _____

Member: 30Euro Non Member: 40Euro Student: 10 Euro

DO NOT ENCLOSE CASH - Please make cheque payable to IICMS

PLEASE RETURN THIS FORM TOGETHER WITH YOUR FEE TO:

Jacinta Kearns

Children's Neurosciences Centre

Our Lady's Hospital for Children, Crumlin, Dublin 12.

Online Registration 2007:

Secure online payment facility for our forthcoming AGM are also available on our website at <http://www.iicms.org/online-payments-agm-2007.htm>. Online payments are registered through PayPal. If you have queries about online payments please email info@iicms.org or read the information on the online payment page indicated above.

NOTE: THIS FORM CAN BE PHOTOCOPIED AS REQUIRED