



## POSTAL REGISTRATION FORM 2009

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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### DISCIPLINE:

Cardiac  GI  Neurophysiology  Respiratory  Vascular

### CONFERENCE FEES:

Member: 25Euro Student: 10 Euro

I am attending and would like to pay on the day

**DO NOT ENCLOSE CASH** - Please make cheque payable to IICMS

**PLEASE RETURN THIS FORM TOGETHER WITH YOUR FEE TO:**

### Online Registration 2009:

Secure online payment facility for our forthcoming AGM are also available on our website at <http://www.iicms.org>. Online payments are registered through pay pal. If you have queries about online payments please email [info@iicms.org](mailto:info@iicms.org).

***NOTE: THIS FORM CAN BE PHOTOCOPIED AS REQUIRED***