Please complete this form in BLOCK CAPITALS using BLACK INK

This form should be returned to:

**Catherine Finn, Department of Anaesthesia, Rotunda Hospital, Parnell Square, Dublin, 1.**

**Telephone:** 01- 817 1794 **Fax:** 01- 8730347 **Email**: cfinn@rotunda.ie

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| **Name of meeting:** | Irish Society of Obstetric Anaesthesia (ISOA ) Friday 8th December, 2017. |

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| **Registration Fee:** | **€100** |
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| **Surname:** |  | **Forename 1:** |  |

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| **Address line 2:** |  |

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| **Address line 3:** |  |

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| **Town/City:** |  | **Country:** | I |

**Current Hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Training Post Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Telephone number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email address:** |  |

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**Payment can be made by Card, Cash or Cheque (Made Payable to the ISOA) on the day of meeting.**

**CPD Points: TBC.**