



Application Form

Participant (Please TYPE or PRINT IN BLOCK LETTERS):

Title: Prof/Dr/Mr/Miss/Ms* delete as necessary

SURNAME:.....

Forename(s).....

CURRENT POST:.....

Department:.....

Correspondence Address.....

Work **Mobile**..... **Email**

Payment:

Course Fee: € 800

(includes course registration, course materials, refreshments and lunch.

Course materials include textbook *Perioperative Diagnostic and Interventional Ultrasound*).

Cheque made payable to 'Department of Anaesthesia, Limerick'.

Signed _____ Date _____

CANCELLATION POLICY:

If a place is accepted & then cancelled the following terms apply:

6 or more weeks before Course commencement - 100% refund.

4 to 6 weeks before Course commencement - 50% refund.

Less than 4 weeks before Course commencement - no refund.

Please, return your fully completed registration form together with your payment to:

Dr. Seosamh O'Riain

Department of Anaesthesia,

Mid-Western Regional Hospital,

Dooradoyle, Limerick.

Ireland.