



REGISTRATION FORM
LOCAL ANAESTHESIA AND ADRENALIN TRAINING
NUI GALWAY
6th July, 2009

(Please complete in BLOCK LETTERS) TITLE, FIRST NAME, SURNAME	
ORGANISATION	
POSITION	
POSTAL ADDRESS	
TELEPHONE	
EMAIL(Please print clearly)	

REGISTRATION FEES

FULL REGISTRATION €175 (to include refreshments on the day)

PAYMENT METHOD

Cheque ONLY made payable to '**NUI GALWAY**'.

Please complete in BLOCK LETTERS and return with your payment to:

Fiona Lowry
Department of Podiatry,
Aras Moyola,
National University of Ireland Galway.

If you wish to receive details of future CPD events/ courses by e-mail please tick here