



NUI Galway
OÉ Gaillimh

REGISTRATION FORM

2nd PODIATRIC BIOMECHANICS CONFERENCE

NUI GALWAY

22nd April 2010

(Please complete in BLOCK LETTERS) TITLE, FIRST NAME, SURNAME	
ORGANISATION	
POSITION	
POSTAL ADDRESS	
TELEPHONE EMAIL(Please print clearly)	
Preference workshop 1 (Please circle)	A or B
Preference workshop 2 (Please circle)	C or D

REGISTRATION FEES

FULL REGISTRATION €95 (includes lunch, tea and coffee)

(please state any specific dietary requirements.....)

PAYMENT METHOD

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

Please complete in BLOCK and return with your payment to:

Fiona Lowry

Department of Podiatry,

Aras Moyola,

National University of Ireland, Galway.

www.nuigalway.ie/podiatry/biomechanicsconference.html

