

APPLICATION FORM
Communicating After Stroke
Mater Misericordiae University Hospital
October 14th & 15th 2010

NAME:

TITLE:

POSTAL ADDRESS:

TELEPHONE (please provide mobile number where possible)

EMAIL:

DISCIPLINE (Please tick):

- Neurology
- Medicine for the Elderly
- Psychology/Neuropsychology
- Speech & Language Therapy
- Other

Please specify any special dietary requirements/allergies

PAYMENT ENCLOSED*
Cost €150

- Cheque
- Bank Draft
- Postal Order

*Please make cheques (in Euro) payable to Speech & Language Therapy
Conference Account, Mater Hospital

Please return to:

Noreen Kelly, Speech & Language Therapy Department,
Mater Misericordiae University Hospital, Eccles Street, Dublin 7

Enquiries:

Tel: (01) 8032175

Email: sltsec@mater.ie