

Registration Form



Neurology Update Meeting 2006
Friday September, 8th

Registration

Name:

Address:

Email:

Contact Telephone:

Institution:

Position:

Department:

Registration Fee

Registration fee for the meeting is €50.

Please make cheque payable to Irish Institute of Clinical Neuroscience.

Forward Registration Form to:

Ms. Colette Fitzpatrick, *Administrator*

IICN, PO Box 351, Limerick

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