



# IRISH SLEEP SOCIETY

Cumann Codhladh na hÉireann

## REGISTRATION FORM for AGM 2008

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROFESSION/DISCIPLINE: \_\_\_\_\_

\_\_\_\_\_

Special Dietary Requirements? \_\_\_\_\_

### **REGISTRATION FEES (include lunch)**

**Members: €40**

**Student Members: €30**

(These fees include membership to the ISS for 2008)

**Please return this form together with your fee to:**

Geraldine Nolan  
Respiratory Sleep Disorders Unit  
St Vincent's University Hospital  
Elm Park  
Dublin 4

**DO NOT ENCLOSE CASH - Please make cheque payable to Irish Sleep Society**