

**PLEASE FILL OUT IN BLOCK CAPITALS to ensure correct correspondence**

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

**ADDRESS (work):** \_\_\_\_\_

\_\_\_\_\_

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

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

**Please circle**

**Sleep / Respiratory / Neurology / Psychiatry / Other please specify:**

\_\_\_\_\_

**Special Dietary Requirements:** \_\_\_\_\_

## **REGISTRATION**

**FEES Members: €50**

**Student Members: €30**

(These fees include membership to the ISS for 2018. Please note that **ALL** membership is due for renewal at the AGM)

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

Dr. John Kiely  
ISS Treasurer  
Department of Respiratory Medicine  
Mallow General Hospital  
Mallow  
Co. Cork.

Johnl.kiely@hse.ie

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