



College of Psychiatrists of Ireland

Wisdom • Learning • Compassion

WINTER CONFERENCE 2015 REGISTRATION FORM

Conference rates are based on attendance i.e. for 1 day (either Thursday or Friday) or 2 days (Thursday and Friday) and on being a College Member or Non-Member. The rates include lunch and access to all meetings / speakers.

Name _____

Membership Number _____

Correspondence Address _____

Email _____

	Early Bird Until 5pm on 9 th October 2015	Standard Member	NCHD/Intern/ Retired*** Member	Poster Presenter- Member	Non Member Rates
Thursday 5th only Please tick relevant box ☒	€130.00	€150.00	€50.00	€40.00/	€270.00
Friday 6th only Please tick relevant box ☒	€130.00	€150.00	€50.00	€40.00	€270.00
2 Days Thurs 5th and Friday 6th Please tick relevant box ☒	€220.00	€280.00	€95.00	€75.00	€540.00

*** Doctors participating in a PCS scheme are not eligible for retirement rate

Conference Dinner From 7.00 pm Thursday 5 th November (please state dietary requirements)	Members & Non- Members €50.00	Please tick box ☒
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Please debit the following amount from my account (*Please note that all card payments will be processed in euros*)

€ _____ * Card Number _____ Expiry Date ____ / ____
Security Code: ____ VISA ☐ MASTERCARD ☐ LASER ☐

Or

I enclose a cheque made payable to the College of Psychiatrists of Ireland for € _____ *

***No refund will be given for bookings cancelled after Friday 23rd OCTOBER 2015.**

Please refer to the programme and choose two sessions for Thursday afternoon

I wish to attend:

W2015.1 ☐ **W2015.2** ☐ **W2015.3** ☐ **W2015.4** ☐ (Please select one only)

&

W2015.5 ☐ **W2015.6** ☐ **W2015.7** ☐ **W2015.8** ☐ (Please select one only)

Please refer to the programme and choose 1 of the following sessions for Friday afternoon

W2015.9 ☐ **W2015.10** ☐

Numbers are limited in each workshop. It may not be possible for all delegates to attend their first choice

FAX FOR THE ATTENTION OF JENNIE TO 01 - 6854291