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| Booking form: | | | | | | | | | | | | | | |
| **Please complete in Block Letters** | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | |
| **Attendance fee:** | | | Doctor  €75 | | Carer/  Service User  €0 | | | | | Healthcare  Professional  €40 | | | | |
| **If other please specify:** | | |  | | | | | | | | | | | |
| **Organisation:** |  | |  | | | | | | | | | | | |
| **Correspondence Address:** | | |  | | | | | | | | | | | |
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| **Phone:** | | |  | | | **E-mail:** | |  | | | | | | |
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| **⬜ Cheque:** Please make cheques payable to the ‘College of Psychiatrists of Ireland’  **⬜ Credit/Debit Card:** (Switch cards cannot be accepted) | | | | | | | | | | | | | | |
| **Please complete the following** | | | | **VISA** | **MASTERCARD** | | | | | | **LASER** | | | |
| **Card Number** | |  | | | | | **Security Code** | |  | | | **Expiry Date** | |  |
| **Signature** | |  | | | | | | | **Date** | | | |  | |

**Joint Conference - Shine and College of Psychiatrists of Ireland 2017**

**Perspectives for the Professionals: The Role of the Family in Promoting Recovery**

**Date: 22nd September 2017, 9:30 – 16:00**

**Venue: Tower Hotel, Waterford**

**Please return this form to:**

**Mary Hayes, College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2**

**Tel: 01 634 4374 Fax: 01 685 4291 Email:** [**mhayes@irishpsychiatry.ie**](mailto:mhayes@irishpsychiatry.ie)