

|  |
| --- |
| 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:** |  |
|  |
|  |  |
|  |  |
| **Phone:** |  | **E-mail:** |  |
|  |
|  **⬜ 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**