

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: _____

MEMBERSHIP DUES : For those unable to attend the AGM

Members: €20

Please note that **ALL** membership is due for renewal at the AGM)

Please return this form together with your fee to:

Dr. Liam Cormican
Secretary of the Irish Sleep Society
Department of Respiratory Medicine
Connolly Hospital
Blanchardstown
Dublin 15.

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