

APPLICATION FORM
Communicating After Stroke
Mater Misericordiae University Hospital
May 6th & 7th 2010

NAME:

TITLE:

POSTAL ADDRESS:

TELEPHONE:

EMAIL:

DISCIPLINE (Please tick):

- Neurology
- Psychology/Neuropsychology
- Speech & Language Therapy
- Other

PAYMENT ENCLOSED*

- Cheque
- Bank Draft
- Postal Order

*Please make cheques (in Euro) payable to Speech & Language Therapy
Conference Account, Mater Hospital

Please return to:

Noreen Kelly, Speech & Language Therapy Department,
Mater Misericordiae University Hospital, 44 Eccles Street, Dublin 7

Enquiries:

Tel: (01) 8032175

Email: sltsec@mater.ie