



IRISH SOCIETY FOR DISABILITY
& ORAL HEALTH

ISDH Conference 26th June 2009

Farmleigh House, Phoenix Park, Castleknock, Dublin 15, Ireland

Form to be completed in block capitals

Name _____ Daytime contact telephone number _____

Address _____ Email address _____

Conference Application - cost includes tea, coffee and lunch [Please tick]

Dentists €80 **DCP's (Nurses, Hygienists)** €60 **Non-members** €120 [Sterling rate available from 1st April contact tina.gorman@dental.tcd.ie check out our website www.isdh.ie]

Please indicate any special dietary requirements _____

Pre Conference Dinner Farmleigh House, Phoenix Park, Dublin - Thursday 25th June 2009 €60 7pm wine reception for dinner at 8pm
Dress Code - Cocktail Attire

Please indicate any special dietary requirements _____

Enclose cheque or draft made payable to 'ISDH' and forward to: Dr. Conac Bradley (Treasurer): 23 Burdette Avenue, Sandycove, Co Dublin

Our conference hotel partner is Hilton Hotel Kilmainham, Inchicore Road, Kilmainham, Dublin 8

please contact In-house reservations on +353 (0)1 420 1800 www.dublinhilton.ie

quoting GISDOH to avail of special conference rate of: Single Occupancy BB per night: €100.00

Double Occupancy BB per night: €110.00

Pre-Conference Dinner 25th June - Please contact tina.gorman@dental.tcd.ie.

For full details of our conference check out our web site www.isdh.ie



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ISDH Membership Application Form

Form to be completed in block capitals

This membership includes membership of the International Association for Disability and Oral Health including access to on-line Journals www.iadh.org

Name _____

Preferred email _____

[Email necessary for access to IADH web site]

If you are a DCP, would you be interested in sharing your email details for inclusion on the DCP networking group? Yes No

Address for correspondence _____

Phone _____ Mobile _____

Signed _____ Date _____

Please return completed form and cheque made payable to: ***Irish Society for Disability and Oral Health***

€50 (£38 sterling) for dentists €30 (£22 sterling) for others *[Sterling cheques accepted]*

Are you **Dentist** **Health Promotion Officer** **Dental Nurse** **Dental Hygienist** **Other** (please state below)

Other _____

Please send completed form and cheque to: ***Conac Bradley, 23 Burdette Avenue, Sandycove, Co Dublin***



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