



**REGISTRATION FORM FOR IRELANDS
3RD INTERNATIONAL CONFERENCE
ON EATING DISORDERS
FRIDAY 15TH OCTOBER 2010**

*ONE REGISTRATION FORM PER PERSON ONLY
PLEASE USE BLOCK CAPITALS WHEN FILLING IN.*

NAME _____

ADDRESS _____

PHONE/MOBILE NO'S _____

EMAIL ADDRESS _____

WEBSITE ADDRESS _____

ORGANISATION (IF ANY) _____

ORGANISATION ADDRESS _____

QUALIFICATIONS _____

Please Tick As Appropriate :

_____ Enclosed payment of €175- for 2010 Conference
(payment not refundable unless 5 working days notice is rcd)

_____ Do you require a receipt ?

**PAYMENT BY CHEQUE, DRAFT, OR POSTAL ORDER MADE PAYABLE TO
THE EATING DISORDER RESOURCE CENTRE OF IRELAND
CONFERENCE ACCOUNT.**

**Post to:
Eating Disorder Resource Centre of Ireland,
24 Glendoher Close,
Ballyboden,
Rathfarnham,
Dublin 16,
Ireland.**

Phone: 01 4953577
Mobile: 087 2056560 (Suzanne)
Email: info@eatingdisorders.ie
Website: www.eatingdisorders.ie

If you require any more information on this event please contact
Suzanne on 087 2056560 or Diann on 087 7946073.

