

# IDHA CONFERENCE AND AGM REGISTRATION FORM

## Saturday 17<sup>th</sup> of April 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Total Payment: € \_\_\_\_\_

Payment Method:

- Cheque (made payable to Irish Dental Hygienists Association)  
 Visa  Mastercard

Card No:

CCV Number:  Expiry Date: /

Card Holder's Name: \_\_\_\_\_

Amount to be debited: € \_\_\_\_\_

Signature: \_\_\_\_\_

(Please tick ✓)

Student free   
Hygienist IDHA Member €10   
Non-Member €50

**Please Return to:**  
**Ms Deirdre Leonard,**  
**19 Strandfield Manor,**  
**Spawell Road,**  
**Wexford.**

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