FACULTY OF PATHOLOGY ANNUAL DINNER Friday 19th February 2010 Royal College of Physicians of Ireland 6 Kildare Street, Dublin 2		
Full Name		
Organisation if Applicable		
I will attend the Dinner **(Please circle your reply)**	**Yes**	**No**
If Yes, I will be accompanied by a guest **(Please circle your reply)**	**Yes**	**No**
Please give full name of guest **Please indicate title Mr / Mrs / Ms/ Dr**		
I would like to sit with (***Please note if you do not specify you will be seated randomly***)		
I enclose Chq/draft/Credit Card (€120.00 per person for dinner) ***(Price includes reception, dinner and wines/soft drinks with dinner)***		
Any dietary restrictions or requirements? Please specify		

Please return this form to the Faculty of Pathology, RCPI by post (Frederick House, 19 South Frederick St,. Dublin 2) or fax (01 672 4707) or by email to: pathology@rcpi.ie by ***Friday 12th February 2010.***

CREDIT CARD DETAILS

Card Number			
Expiry Date	/		
Card Type	Visa	Mastercard	
Amount	€		
Printed Name			
Signature			