



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

ANNUAL  
GENERAL  
MEETING  
2010



## HOTEL BOOKING FORM



Name:

Address:

Contact Telephone N°:

Email Address:

Accompanying Person(s):

Arrival Date:    /    /                      Departure Date:    /    /

Room Type:     Twin €185     Double €185     Single €150

**GOLF:** please indicate names of persons playing in golf competition

**Kids Club:** please indicate names and ages of children

**Junior Camp:** please indicate names and ages of children

Financial Clinic:                       Training Programme

