# **Registration of Doctors in Training in Intensive Care Medicine**

**Registration Fee** €100

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| --- | --- | --- | --- |
| Surname: |   | Forename: |   |

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| Address Line 1: |   |
| Address Line 2: |   |
| Address Line 3: |   |

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| --- | --- |
| Telephone Number  |   |
| Email Address |  |

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| **Medical Council Registration** |
| Trainee Specialist Division |   | General Division  |   |   |   |

Payment can be made by cheque, made payable to Joint Faculty of Intensive Care Medicine of Ireland or by credit card

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| --- | --- | --- | --- |
| Cheque |   | Credit Card |   |

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| Card Number |   |   |   |   |  - |   |   |   |   |  - |   |   |   |   | - |   |   |   |   |

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| Expiry Date |   |   |   |   |

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| Security Code  |   |   |   |