# **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: |  |

|  |  |
| --- | --- |
| 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 |  |  |  |