



**IRISH
DECONTAMINATION
INSTITUTE**

IDI Committee Contact Details

www.wfhss.com and click on Ireland homepage.

Chairperson: Joy Markey
National Decontamination Lead
Quality, & Patient Safety
Directorate HSE
086 8718449

Vice-Chairperson: Tony McLoughlin
Bon Secours Hospital
Cork

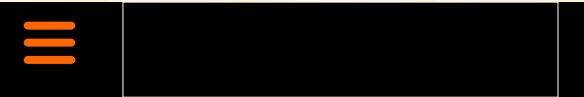
Treasurer Patricia Doheny
Ballyragget, Co. Kilkenny.
087 1960252

Secretary : Paschal Kent
University Hospital
Cork

Committee members:: Veronica Maher
Oonagh Ryan
Ralph Cullinan
Eoghan Casey

**Irish Decontamination
Institute
Annual Conference
2013**

**“Pathway to
successful
Decontamination”**



**Irish Decontamination
Institute
Annual Conference
2013**



**Friday 11th Oct 2013
Hotel Kilkenny,
Kilkenny**



**IRISH
DECONTAMINATION
INSTITUTE**

JDJ Annual Conference 2013

I would like to take this opportunity on behalf of the Irish Decontamination Institute to invite you to attend the forthcoming IDI annual conference 2013.

If you require further information please contact

Joy Markey IDI Chairperson

joy.markey@hse.ie

Patricia Doheny IDI Treasurer

patricia.doheny.idi@gmail.com

We look forward to your participation at this year's conference and appreciate your continued support.

Kind Regards

Joy Markey

Chairperson

Irish Decontamination Institute

Conference details are available on the IDI homepage
[@www.wfhss.com](http://www.wfhss.com)

Closing Date for registration (with full payment)

Friday 4th Oct. 2013

Individual delegate conference registration cost:

IDI members—€80

IDI non members— €100

*** Hospital package IDI members:**

2 delegates — €140

3 delegates — €200

4 delegates — €240

Hospital package non IDI members:

2 delegates — €170

3 delegates — €230

4 delegates — €290

IDI members rate applicable if one delegate is a fully paid member

Membership is free in 2013!

Completed application forms should be returned with payment (draft cheque payable to IDI) to:

Patricia Doheny, Ballyragget, Co. Kilkenny

Co. Kilkenny

087 1960252

patricia.doheny.idi@gmail.com

REGISTRATION FORM

Name _____

Organisation: _____

Position: _____

Email address: _____

Mailing address: _____

Telephone Number: _____

IDI Member : YES NO

I wish to register for the IDI Conference 2013

I enclose payment of € _____

Signature: _____

I wish to register for the IDI post-conference gathering Fri 11th Oct (6.30PM)

YES NO

Post-conference gathering is sponsored by the IDI

Official Use only:

Full payment received: _____

Signed: _____