



**IASSM Committee Contact Details**

[www.wfhss.com](http://www.wfhss.com) and click on Ireland homepage.

Chairperson: Joy Markey  
CSSD  
Dublin Dental School & Hospital,  
Dublin  
Tel: 01 6127339

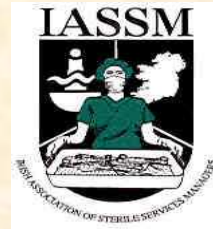
Vice-Chairperson: Tony McLoughlin  
Bon Secours Hospital  
Cork

Treasurer Patricia Doheny  
CSSD  
St Luke's Hospital, Kilkenny  
Tel: 056 7785404

Membership Secretary : Paschal Kent  
University Hospital  
Cork

Secretary: Veronica Maher  
CSSD  
Waterford Regional Hospital  
Waterford  
Tel: 051 842620

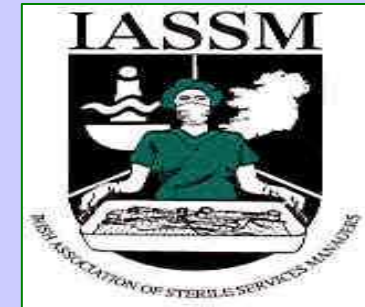
Committee Oonagh Ryan  
**members :** **Ann Marie Darcy**



**Studyday 2010**

**"CDU  
advanced  
management course"**

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advanced management  
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25th-26th February 2010

Crowne Plaza Hotel  
Blanchardstown Dublin



## Studyday 2010

The 2010 IASSM Managers Studyday is a bespoke Course designed by the IASSM in conjunction with Eastwood Park Decontamination training facility in the UK to provide CDU Managers with advanced-  
manangement tool kits

1. There will be a maximum of 10 delegates
2. The course will be accredited by a nationally recognized awarding body (i.e. City and Guilds, BTEC etc)
3. One course will be delivered over two days

**Course descriptors & further information available by request from**  
**joy.markey@dental.tcd.ie**

Places allocated on 1st come basis  
(1st ten applicants with completed application sent with deposit )

Closing Date for registration (with €150 deposit)  
is :

**Friday 5th February 2010**

Costs: 2 x days including lunch

Members €650

Interest free loan available at request from  
the IASSM for the remainder of the cost  
€500

For details contact Patricia Doheny

Completed application forms should  
be returned with payment (draft  
cheque payable to IASSM) to: Patricia  
Doheny, CSSD, St Luke's Hospital,  
Kilkenny. Tel: 056 7785404

## REGISTRATION FORM

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

IASSM Member : YES NO

I wish to register for the IASSM Studyday 2009  
I enclose payment of €\_\_\_\_\_ to register  
for the day( s) I would like to attend the confer-  
ence.

Signature: \_\_\_\_\_

Official Use only:

Full payment received: \_\_\_\_\_

Signed: \_\_\_\_\_