**1st Southeast Difficult Airway Workshop Registration Form**

**24th of June 2023**

**University Hospital Waterford (UHW)**

**Name**

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|  |

**Phone number**

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|  |

**Email**

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|  |

**Level (SHO, registrar, SpR)**

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| --- |
| □ SHO □ registrar /SpR □ Others |

**Hospital**

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|  |

**Signature**

**Invoice**

**Anaesthesia & Critical Care Department – University Hospital Waterford**

A **50-euro** Payment was made by

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|  |

As a registration fee to attend the **Southeast Difficult Airway Workshop**

|  |  |
| --- | --- |
| *Date*  | *Signature* |

Collected by Ms Tracy Denniss (HDU-ICU secretary)

|  |  |
| --- | --- |
| Date  | Signature |

Tel: 051842497

Email: tracy.denniss@hse.ie