

Operating Department Nurses Section
Perioperative Poster Competition

APPLICATION FORM

Name:

Address:

INMO No:

**No of Entrants
in the Group:**

Place(s) of work:

If more than one
entrant group

Contact Person:

Tel No:

Email:

Title of Poster:

**Date of
application:**

For group entrants please nominate one member of the group to receive all correspondence.

Completed Application Forms, including Abstracts to be submitted by email to
Jean Carroll, Section Development Officer, INMO
Email: jean.carroll@inmo.ie Tel: 01 6640648

Title of the Poster:

Presented by:

Abstract: