



Bursary Award 2010 Application Form
(please print all details clearly)

Name: _____

Contact Address: _____

Contact Number: _____

Email: _____

Current Position: _____

NAME OF EDUCATIONAL COURSE / CONFERENCE:

LOCATION: _____

DATE: _____

RELEVANCE TO CARDIAC REHABILITATION:

ARE YOU PRESENTING AT THIS CONFERENCE/COURSE?

YES NO If yes POSTER ORAL

Title of Presentation: _____

Please return your completed application form to:

Roisin Duffy, Hon. Secretary IACR, Clinical Nurse Specialist, Cardiac Rehabilitation Unit
St. Columcilles Hospital, Loughlinstown, Co. Dublin. Email: iacr.secretary@gmail.com

CLOSING DATE FOR APPLICATIONS : FRIDAY JUNE 25TH 2010