### **IRISH HAEMOPHILIA SOCIETY**



# **MEMBERS OCTOBER CONFERENCE**

# **15**<sup>th</sup> to **17**<sup>th</sup> October **2021**

**Venue: Mount Wolseley Hotel, Carlow** 

# **REGISTRATION FORM**

Name:		
Address:		
Phone Number:		
Email Address:		
BOOKING		
	les:- Accommodation on Friday & Saturday n Lunch on Sunday, Tea & Coffee breaks. The o	
Total Number of Adult Places Required		
<ul> <li>Please indicate if you intend to arrive for dinner on Friday evening?</li> <li>Please indicate if you intend to stay for Sunday lunch?</li> </ul>		Yes / No Yes / No
Accommodation Required	Single Room Double Room D	Twin Room $\square$
Any specific room requirements?		
Please specify if you would like y	our confirmation pack posted to you or emai	iled to you?
Please post this pack to me at the above address		
Please email this pack to me at the above email address		
<u>PAYMENT</u>		
CARD NUMBER		
EXPIRY DATE	CVV NUMBER	
SIGNATURE	DATE	

#### **Terms & Conditions**

- Attendance at this conference is open to adult paid up members of the I.H.S. only, on a first come first served basis.
- Depending on public health guidelines at the time of the conference, our maximum capacity will either be 50 in total or 100 in total.
- The total cost to attend the conference, must be paid for in full at the time of booking.
- From Monday August 16<sup>th</sup> to Sunday August 22<sup>nd</sup> Registrations will be accepted only from adults with a severe bleeding disorder and their partner.
- From Monday August 23<sup>rd</sup> to Friday 17<sup>th</sup> September Registrations will be accepted from adults with a severe, moderate or mild bleeding disorder, carriers and their partner.
- All registrations received will be dated, timed and logged to avoid any misunderstandings.
- In order to optimally protect members attending the conference from COVID-19, only fully vaccinated members will be allowed to attend this conference. A copy of your EU Digital Covid Vaccination Certificate must be provided at the time of registration for this conference. This can be sent to the office by post, attached with the online booking, sent by email (<a href="mailto:info@haemophilia.ie">info@haemophilia.ie</a>) or by What's App on 087 297 5430. If you are awaiting vaccination at time of registration, you may register to hold a place if available, but you will have to confirm you have been fully vaccinated and supply a copy of your EU Digital Covid Vaccination Certificate to the Society prior to the conference.
- A two-night residential package is the only package available for this conference. We cannot take bookings for one night or for day delegates.
- There will be no registration desk on the Friday evening. All registration documents will be posted or emailed to members the week prior to the conference.
- Members must adhere to the hotel COVID-19 protocols for the duration of the conference by
  wearing face masks at various times and in various places, by regularly hand washing/sanitising
  and by engaging in social distancing and other precautions as required by the hotel.
- Due to the hotel's COVID-19 protocols, we must provide the final details for accommodation and meal numbers by Monday 20<sup>th</sup> September. We there must insist that the closing date for registrations is Friday 17<sup>th</sup> September 2021. No late registrations will be accepted.
- Confirmation letters and registration packs will be sent out two weeks prior to the conference.
- On check in at the hotel, please make sure to book your breakfast times.
- If you wish to avail of the leisure centre, the swimming pool, golf or the spa over the course of the weekend, you will need to prebook same by contacting the hotel in advance as follows:

Leisure Centre & Swimming Pool – Email: leisureclub@mountwolseley.ie

Golf – Email: golf@mountwolseley.ie	
Spa – Email: spa@mountwolseley.ie	
<ul> <li>Proceedings may be photographed/videoed a</li> </ul>	and used by IHS for our Publications/Social Media/
Website or Video/DVD Production. If you wish	h to opt out, please tick here. $\square$
By signing this form, I agree to terms and conditions, as	s stated above. I confirm I have provided a copy of
my EU Digital Covid Vaccination Certificate. $\Box$	
Signed:	Dated: