

ISANDS
Irish Stillbirth and Neonatal Death Society

SUBSCRIPTION FORM 2010

Please print clearly

Name(s) _____

Address _____

County _____

Tel _____ eMail address _____

Please tick if Subscription is:

New _____ Renewal _____

Parent _____ Professional _____ Other _____

Baby's Name _____

Baby's Date of Birth _____ Baby's Date of Death _____

Cause of Stillbirth or Neonatal Death (if known)

All information received is confidential

I enclose a cheque/postal order for €15(€7 for unwaged and OAP's)
payable to ISANDS for Subscription for 2010.

If paying by Standing Order: Name on Bank Account _____

Please send to:

ISANDS, Carmichael House, 4 North Brunswick St, Dublin 7

If you do not want to receive any further information please tick here ()