



IICMP Executive Committee

Application Form

Name:	
Job Title/Position:	
Place of Work:	
Email Address:	
Phone Number:	
Executive <ul style="list-style-type: none">• Cardiac• Respiratory• Gastro Intestinal• Vascular• Neurophysiology	

Signed: _____ **Date:** _____

Please return completed form to info@iicmp.ie no later than Friday, 2nd December 2022