



**IRISH  
DECONTAMINATION  
INSTITUTE**

**IDI Committee Contact Details**

[www.wfhss.com](http://www.wfhss.com) and click on Ireland homepage.

Chairperson: Joy Markey  
National Decontamination Lead  
Quality, & Patient Safety  
Directorate HSE  
086 8718449

Vice-Chairperson: Tony McLoughlin  
Bon Secours Hospital  
Cork

Treasurer Patricia Doheny  
Ballyragget, Co. Kilkenny.  
087 1960252

Secretary : Paschal Kent  
University Hospital  
Cork

Committee members:: Veronica Maher  
Oonagh Ryan  
Ralph Cullinan  
Eoghan Casey

**Irish Decontamination  
Institute**

**“Care & Maintenance  
of RIMD”  
In conjunction with  
B.Braun**



**Irish Decontamination Institute  
Workshop  
"Care & Maintenance of RIMD"**



**Saturday 16th  
February 2013  
10am—3pm  
Moran Silversprings  
Hotel  
Cork  
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## ***JDJ workshop 16th February 2013***

I would like to take this opportunity on behalf of the Irish Decontamination Institute to invite you to attend a **Workshop on “Care & Maintenance of RIMD”**

If you require further information please contact

Joy Markey IDI Chairperson

[joy.markey@hse.ie](mailto:joy.markey@hse.ie)

Patricia Doheny IDI Treasurer

[patricia.doheny.idi@gmail.com](mailto:patricia.doheny.idi@gmail.com)

Kind Regards

Joy Markey

Chairperson

Irish Decontamination Institute

details are available on the IDI homepage @[www.wfhss.com](http://www.wfhss.com)

Closing Date for registration (with full payment)

**Friday 25 th January 2013**

**Lunch included**

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**Individual delegate registration cost:**

**IDI members—€10**

**IDI non members— €15**

***\* IDI members rate applicable if one delegate is a fully paid member***

Completed application forms should be returned with payment (draft cheque payable to IDI) to:

**Patricia Doheny,**

**Ballyragget,**

**Co. Kilkenny**

**087 1960252**

**[patricia.doheny.idi@gmail.com](mailto:patricia.doheny.idi@gmail.com)**

**Note; places limited and given on a first come basic**

### REGISTRATION FORM

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

IDI Member : YES NO

I wish to register for the IDI workshop  
I enclose payment of € \_\_\_\_\_

Signature: \_\_\_\_\_

Full payment received: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_