

**IASSM Committee Contact Details**

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

**Chairperson:** Joy Markey  
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**Vice-Chairperson:** Tony McLoughlin  
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Cork  
Tel: 021 4941976

**Treasurer** Patricia Doheny  
CSSD  
St Luke's Hospital, Kilkenny  
Tel: 056 7785404

**Membership Secretary :** Paschal Kent  
University Hospital  
Cork

**Secretary:** Veronica Maher  
CSSD  
Waterford Regional Hospital  
Waterford  
Tel: 051 842620

**Committee members :** Oonagh Ryan  
Ann Marie Darcy



**Conference 2009**

***"Continuous process  
improvement for  
challenging times"***



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***"Continuous process  
improvement for  
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**6th November 2009**

**Crowne Plaza  
Blanchardstown  
Dublin**



## Conference 2009

The 2009 IASSM Conference is designed to meet the growing challenges posed by personnel working in decontamination units in hospitals. There have been significant economic developments in the Country in 2008 posing a new challenges to the Decontamination Industry. Lean projecting and cost savings are becoming key area's requiring our attention and the need for saving whilst not compromising quality of Service is a challenge we all face.

### Topics include

1. Motivation for staff
2. 21ST Century processing
3. Loan instrument management
4. Practical approach to managing transport of RIMD
5. Lean projecting
6. Validation contracts/testing schedules

Plus

Medical Exhibition Stands

\*\*\*\*\* Great Prizes to be won \*\*\*\*\*

Keep up to date with the latest developments in sterile services technology by attending the 2009

IASSM Conference at the...

Crowne Plaza, Blanchardstown , Dublin

[www.dublinwest.crowneplaza.com](http://www.dublinwest.crowneplaza.com)

**Friday 6th November**

Closing Date for registration (with full payment) is :

**Friday 23rd October 2009**

<b>Costs:</b>	<b>Friday</b>
Members	€90
Non-members	€100

Dinner (4 course) & entertainment on Friday night is €35 per person (enclose payment).

Completed application forms should be returned with payment (draft cheque payable to IASSM) to: Patricia Doheny, CSSD, St Luke's Hospital, Kilkenny. Tel: 056 7785404

## REGISTRATION FORM

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

Organization: \_\_\_\_\_

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

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

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

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

IASSM Member : YES NO

I wish to register for the IASSM Conference

2009 Friday  Dinner

I enclose payment of €\_\_\_\_\_ to register to attend the conference.

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

Official Use only:

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

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

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