# **10th GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE**

**May 7-10, 2017**

***Celebrating Ten Years of Promoting***

***Healthy Lives and Well-being for All***

**Registration Form**

**(this Form is to be completed by all participants regardless of support)**

**Names (**first/given and last/family): ………………………...………………………………………………

**Professional position:**

🞏 Physician: Specialty: ……………………………………………………………………………………….

🞏 Nurse 🞏 Pharmacist 🞏 Psychologist 🞏 Social Worker 🞏 Student 🞏 Other: ...…………………

**Address** (number and street name, Apt #, city, state/province, mail/zip code, country)**:**

……………………………………………………………….……………………………………………….

**Tel**: ………………………**Fax**: ………………………**E-mail**: ………………...………………..…………

**Conference Components you plan to attend:**

🞏 Pre-Conference Work Meetings (May 7, 2017, Geneva University Hospital Halls adyacent to Auditorium)

🞏 Core Conference First and Second Day (May 8-9, 2017, Geneva University Hospital Main Auditorium and Auxiliary Halls)

🞏 Core Conference Third Day (May 10, 2017, WHO Headquarters)

**Registration Fees:**

🞏 Residing in World Bank Group A (High Income) countries (\*): …………………..500 Euros

🞏 Residing in other countries: ……………………….………………………………350 Euros

Documented full time students and members of patient and family associations will pay discounted half-rate fees:

🞏 Residing in World Bank Group A (High Income) countries (\*): …………………. 250 Euros

🞏 Residing in other countries: ……………………….………………………………175 Euros

**Method of Payment:**

Credit Card (VISA, Master, AMEX) Number: …..……………………..……..… Expires mo/year: …../…..

Name on Card: ……………………………… Signature: …..………..………………………………………

Billing address: ………………..…………………………….………………….……………………………..

**(\*) World Bank Group A (High Income) Countries:** Andorra, Antigua and Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faeroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong-China, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea Rep., Kuwait, Liechtenstein, Luxembourg, Macao-China, Malta, Monaco, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Norway, Portugal, Qatar, San Marino, Saudi Arabia, Singapore, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, Virgin Islands-U.S.

***You can register by downloading, completing and emailing the form to ICPCMsecretariat@aol.com or faxing it to 1-212-348-5713. ICPCM Continuing Professional Development Certificates will be e-mailed upon request to all registered participants.***