# **13th GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE**

***Self-Care and Well-Being in the Times of Covid-19***

**5 – 7 April 2021**

**Registration Form**

**(This Form is to be completed by all program and general participants)**

**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**: ………………...……………….…………

**Registration Fees:**

🞏 Residing in World Bank Group A (High Income) countries (\*): …………………. 50 Euros

🞏 Residing in other countries: ……………………….………………………………30 Euros

Documented full time students and non-professional members of patient and family associations will pay

discounted half-rate fees:

🞏 Residing in World Bank Group A (High Income) countries (\*): …………………. 25 Euros

🞏 Residing in other countries: ……………………….………………………………15 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 and filling this blank form and then mailing it 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.***