

16th GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

*Person-centered Substance Abuse Care*

*Hybrid Event, 24 - 26 March 2024*

**Registration Form**

(This Form is to be completed by all programmatic and audience participants)

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

Professional specialty or discipline:

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

Tel: ..... Fax: ..... E-mail: .....

**Registration Fees for In-person Participants:**

Residing in World Bank Group A (High Income) countries (\*): ..... 300 Euros or 320 USD

Residing in other countries: ..... 150 Euros or 160 USD

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 (\*): ..... 150 Euros or 160 USD

Residing in other countries: ..... 75 Euros or 80 USD

**Registration Fees for all Online Participants:** 50 Euros or 53 USD

**Method of Payment Options:**

- **Credit Card:** Provide below the card details and **fax the whole registration form to ICPCM fax telephone +1-212 348 5713**

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

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

Billing address: .....

- **Check** payable to International Network for Person Centered Medicine and mailed to ICPCM Secretariat, Prof JE Mezzich, 175 East 96 St, 5L, New York NY 10128, USA.

Date check mailed (d/m/year):

- **Bank Transfer** made to International Network for Person Centered Medicine, at 175 East 96 St, 5L, New York NY 10128, USA, Account Number: 999 579 3248 at Citibank, 1275 Madison Avenue at 91st Street, New York NY 10128, USA, Routing Code: 021000089, Swift Code: CITI US 33.

Date bank transfer made (d/m/y):

**(\*) 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.

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**You can register by downloading and filling this blank form, including form and date of payment made, and then, for Credit Card payment, fax the whole form to +1-212-348-5713; and for Check or Bank Transfer payments email the whole form to [ICPCMsecretariat@aol.com](mailto:ICPCMsecretariat@aol.com)**

**ICPCM Continuing Professional Development Certificates will be sent upon request to all registrants.**