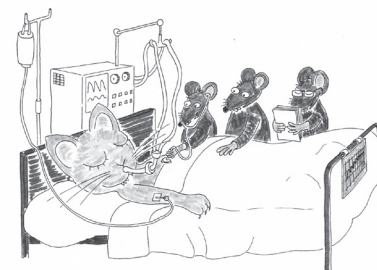


# Professional Meeting at Willersley Castle England



## Persons registering : July 28<sup>th</sup>-31<sup>st</sup> 2010

Personal Names .....

Family Name .....

Title 1. .... 2. ....

Age (physical disability or special room requirements). ....

Profession .....

Address .....

tel ..... e- mail ..... fax .....

Languages spoken	1	1
	2	2
	3	3

Wish to be in the same workshop : Yes  No  indifferent

### Registration of Children.

Name	Personal Name	Date of birth
.....	.....	.....
.....	.....	.....
.....	.....	.....

## Registration for the Tourist Programme : July 25<sup>th</sup> - 28<sup>th</sup> 2010

Accompanying children Yes  No  Request for special diet (how many people, please). Yes  No

Request for an additional night (July 31<sup>st</sup> / August 1<sup>st</sup>) Yes  No  (to be arranged on site)

Please send Deposit of £100 (150 €) per adult (or £50 / 75 €)  
to your regional secretary  
Please pay by cheque made out to 'Medicine of the Person'.

I don't wish to register for the meeting, but  
wish to support the Association, and send  
£ (€) .....  
as a donation.

Do you require a receipt? – for deposit/full payment/both.

### Proxy for non attending members:

I, the undersigned, member of the European Association of the Medicine of the Person, hereby  
authorise.....to represent me at the General Meeting, 2010, and to  
vote on my behalf.

Signed ..... Name .....