

# Professional Meeting Teplá – 2019



## Persons registering: August 14<sup>th</sup> – 17<sup>th</sup> 2019

	Mrs	Mr.
Surname	.....	.....
Christian Name	.....	.....
Age (physical disability or special room requirements)	.....	.....
Profession	.....	.....
Address	.....	.....
Tel	.....	.....
E-Mail	.....	.....
Languages spoken	French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/>	French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/>
Wish to be in the same workshop	yes <input type="checkbox"/> no <input type="checkbox"/>	no preference <input type="checkbox"/>

## Registration of children

Surname	Christian Name	Date of birth
.....	.....	.....
.....	.....	.....
.....	.....	.....

## Registration for the Tourist programme: August 11<sup>th</sup> – 14<sup>th</sup> 2019

Same person(s)?    yes     no     if no, who? .....

## Conference fees

<b>Study days</b> (14.–17. 8. 2019) <input type="checkbox"/> £ 300 (EUR 340   390 CHF) <input type="checkbox"/> Student: £ 45 (EUR 50   60 CHF) <input type="checkbox"/> Participants from Eastern Europe: £ 90 (EUR 100   120 CHF)	<b>Tourist programme</b> (11.–14. 8. 2019) <input type="checkbox"/> £ 320 (EUR 360   415 CHF)
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**to pay before 31<sup>st</sup> Mai 2019**

**Extra nights** can be booked **at the conference center.**

## Banques / Bank / Bankverbindungen

Credit Suisse AG CH - 4070 Zürich Association Médecine de la Personne CCP 80-500-4 CH43 0483 5035 9488 6100 0	Dr. Ralf Hinrichs Medizin der Person Deutsche Apotheker- und Ärztebank BIC DAAEDEDXXX DE32 3006 0601 0407 2643 64	Crédit Mutuel d'Autun 14, av. Charles de Gaulle 71400 Autun Compte: Médecine de la personne FR76 1027 8025 0200 0732 6934 553	Médecine de la Personne British Branch Natwest Haywards Heath Account n° 10982647 sort code 60-10-26
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✂ —————  
 I can't take part in the meeting but wish to pay my annual subscription of £ 13 (EUR 15 | 20 CHF) ..... to „Medecine of the Person“.

## General Meeting

I, the undersigned, member of the European Association of the „Medicine of the Person“, hereby authorise ..... to represent me at the General Meeting 2019, and to vote on my behalf.

Date/Signature: .....