

Professional Meeting Montmirail Switzerland – 2017



Médecine
de la Personne
International Group

Persons registering: August 16th – 19th 2017

Mrs

Mr.

Surame	.....	.....
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"/>

It will not be possible to stay until sunday 20th

Registration of children

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

Registration for the Tourist Programm: August 13th – 16th 2017

Same persons yes no Precise:
Request for special diet: no yes How many people, please:
 Detail

Please send Deposit to your regional secretary of

- £ 125 (150 €) per adult
- £ 60 (70 €) for 3 days
- £ 32 (35 €) if you are student

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

General Meeting

I, the undersignet, member of the European Association of the Medicine of the Person, hereby authorise to represent me at the General Meeting, 2017, and to vote on my behalf

Date/Signature: