

**Professional Meeting
Northampton – 2024**



Persons registering: August 7th – 10th 2024

	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 4th – 7th 2024

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

Conference fees

Study days (7.– 10. 8. 2024)

- £ 490 / 570 €
- £ 190 / 225 € (children from 5 -16 years)
- £ 150 / 175 € (Students / participants from Eastern Europe)

Tourist programme (4.– 7. 8. 2024)

- £ 640 / 750 €
- £ 320 / 375 € (children from 5 -16 years)

to pay before 31st May 2024

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

Banques / Bank / Bankverbindungen

Médecine de la Personne, Suisse BLKB 4410 Liestal CH98 0076 9439 5153 5200 1	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 (€ 15)..... 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 2024, and to vote on my behalf.

Date/Signature: