

REGISTRATION FORM for 26th EURACT Bled Course**LEARNING AND TEACHING ABOUT DIAGNOSTIC UNCERTAINTY in FAMILY MEDICINE****Bled, Slovenia, 12. – 16. September 2017**

A	PARTICIPANT - Please print X in the box in front of the title							
	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>
	EURACT Member <input type="checkbox"/>							
Last Name:				First Name:				
Institution:								
E-mail:								
Address:								
City:			Country:			Postal Code:		
Tel:			Fax:					
B	ACCOMPANYING PERSON(S)							
ADULT								
Last Name:			First Name:					
CHILDREN (under 12)								
Last Name:			First Name:			Age :		
Last Name:			First Name:			Age :		
C	FORM OF PAYMENT							

By signing this form I accept the terms. _____

The interested participants should send their Course applications, until August 20, 2017, to the following address:

Mrs. LEA VILMAN,
Medicinska fakulteta
Katedra za družinsko medicino Poljanski nasip 58, p.o. Box 2218 1104 Ljubljana
Slovenia

e-mail: euract_bled_course@yahoo.com, kdrmed@mf.uni-lj.si phone: +386-1-43-86-915
fax: +386-1-43-86-910