

REGISTRATION FORM for 27th EURACT Bled Course

LEARNING AND TEACHING ABOUT MINDLINES AND GUIDELINES in FAMILY MEDICINE

Bled, Slovenia, 11. – 15. September 2018

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

Last Name:	First Name:
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CHILDREN (under 12)

Last Name:	First Name:	Age :	
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Last Name:	First Name:	Age :	
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C	FORM OF PAYMENT				
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By signing this form I accept the terms. _____