

Association of European Psychiatrists
15th European Congress of Psychiatry
Madrid, Spain, March 17-21, 2007

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, E-MAIL or AIRMAIL to:



Registration and Accommodation Department
 17 Rue du Cendrier, P.O. Box 1726
 CH-1211 Geneva 1, Switzerland
 Tel: +41 22 908 0488 Fax: +41 22 732 2850 Email: aep2007_reg@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.
Participant (Please TYPE or PRINT IN BLOCK LETTERS)

_____ Family Name _____ Initials _____ First name _____

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

_____ Institute _____ Dept. _____

_____ No. _____ Street _____ Suite/Apt. _____

_____ City _____ State/Province _____ Country _____ Postal Code _____

_____ Telephone (office hours): Country code/city code/number _____ Fax: Country code/city code/number _____

E- Mail Address _____ @ _____

Registration Fees:	until December 15, 2006	from December 16, 2006	On Site (applicable from March 2, 2007)
Members AEP (countries on list A)	<input type="checkbox"/> € 435	<input type="checkbox"/> € 575	<input type="checkbox"/> € 600
Non - Members AEP (countries on list A)	<input type="checkbox"/> € 545	<input type="checkbox"/> € 675	<input type="checkbox"/> € 700
Members AEP (countries on list B)	<input type="checkbox"/> € 350	<input type="checkbox"/> € 480	<input type="checkbox"/> € 480
Non - Members AEP (countries on list B)	<input type="checkbox"/> € 440	<input type="checkbox"/> € 570	<input type="checkbox"/> € 570
Residents (in training)*, Psychiatric Nurses, Psychologists, Psychiatric Social workers	<input type="checkbox"/> € 220	<input type="checkbox"/> € 290	<input type="checkbox"/> € 310
Young Psychiatrist (countries on list A)**	<input type="checkbox"/> € 350	<input type="checkbox"/> € 435	<input type="checkbox"/> € 460
Young Psychiatrist (countries on list B)**	<input type="checkbox"/> € 280	<input type="checkbox"/> € 350	<input type="checkbox"/> € 370
Accompanying Person	<input type="checkbox"/> € 160	<input type="checkbox"/> € 160	<input type="checkbox"/> € 160
CME Courses (each) (from countries on list A) Course Number _____	<input type="checkbox"/> € 50	<input type="checkbox"/> € 60	<input type="checkbox"/> € 70
CME Courses (each) (from countries on list B) Course Number _____	<input type="checkbox"/> € 25	<input type="checkbox"/> € 30	<input type="checkbox"/> € 35
Social Event (per person (limited number of tickets)***)	<input type="checkbox"/> € 10		

* Note: refers to non-tenured junior scientists. Registration form must be accompanied by a letter from their head of department confirming their status. The letter should be on the department letterhead and addressed to the registration department of the congress.
 ** criteria for Young Psychiatrist are under 40's at the Congress date OR less than 5 years of clinical practice after speciality. Please send a certificate of exams+ a copy of ID with birth date OR enclose a copy of a letter/certificate from their institution confirming the < 5 years with your registration form.
 *** A reservation fee of € 10 is required for registered participants

Accompanying persons List the individuals registering for the Accompanying Persons' Program

_____ Family Name _____ First Name _____ Title _____

_____ Family Name _____ First Name _____ Title _____

