



WORKSHOP REGISTRATION FORM

Ninth Workshop on Costs and Assessment in Psychiatry
QUALITY AND OUTCOMES IN MENTAL HEALTH POLICY AND ECONOMICS
Venice, Scuola Grande di San Giovanni Evangelista, March 27-29, 2009

ICMPE
Via Daniele Crespi 7
20123 Milano
Italy
Fax: +39-02-58106901
E-mail: info@icmpe.org

Please fill in the information below and send this form to:
ICMPE, Via Daniele Crespi 7, 20123 Milano, Italy; or fax it to +39-02-5810 6901.

Last (Family) Name _____
First Name _____
Institution _____
Address _____
City _____
Zip/Postal Code _____
Country _____
Tel. _____
Fax _____
E-mail _____

Registration Fee:

Before October 30, 2008	Euro 500	<input type="checkbox"/>
After October 30, 2008	Euro 600	<input type="checkbox"/>
On Site	Euro 650	<input type="checkbox"/>

Method of Payment

Bank Transfer: Should you prefer this option, ICMPE will provide you with detailed information on the procedure

Credit Card:

Visa American Express Mastercard Eurocard

Card Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration Date: | | | | |

Name as it appears on the card _____

Signature _____

Date _____