



2nd Invitational Meeting
of European Colleges
and Associations
10th to 12th June 2011
Lisbon – Portugal



REGISTRATION FORM

Please e-mail to:

Portuguese Association of General Practitioners
Avenida da República, 97 -1^o
1050-190 Lisbon Portugal
Tel : + 351 217 615 250 Fax : + 351 217 933 145
e-mail: apmcg@apmcg.pt

A DELEGATE - Please print

Prof. Dr. Mr. Ms.

Last Name: _____ First Name: _____

Institution: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Tel: _____ Fax: _____ e-mail: _____

B REGISTRATION

Yes, I intend to participate in the Conference

C ACCOMPANYING PERSON

Last Name: _____ First Name: _____

D HOTEL ACCOMODATION – Please tick-off required room type

Arrival Date: _____ Departure Date: _____ Number of nights: _____

HOTEL TRYP ORIENTE www.tryporiente.com	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	DOUBLE
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E SOCIAL PROGRAMME – Please tick-off as appropriate

Reception – Friday 10th June

Dinner – Saturday 11th June