

## Quality of primary health care, the perspective of patients

Ljubljana, Slovenia, 28–29 March 2008

### REGISTRATION FORM

Please e-mail, fax or mail, to:

**Mrs Barbara Toplek,**  
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Poljanski nasip 58, 1000 Ljubljana, Slovenia  
Tel: 00 386 1 43 86 913, Fax: 00 386 1 43 86 910, E-mail: barbara.toplek@mf.uni-lj.si

#### A PARTICIPANT WONCA or FORUM Member – Please print

<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.
<input type="text"/>							

Last Name:		First Name:					
Institution:							
E-mail:							
Address:							
City:		Country:		Postal Code:			
Tel:		Fax:					

#### B REGISTRATION (registration fee 120 EURO, V.A.T. included)

Yes, I intend to participate in the international conference  
**Quality of primary health care, the perspective of patients**

#### C PARTICIPANT non WONCA or non FORUM Member – Please print

<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.
<input type="text"/>							

Last Name:			First Name:				
Institution:							
E-mail:							
Address:							
City:		Country:		Postal Code:			
Tel:		Fax:					

#### D REGISTRATION (registration fee 180 EURO, V.A.T. included)

Yes, I intend to participate in the international conference  
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#### E ACCOMPANYING PERSONS FOR THE CONFERENCE DINNER, 50 EURO per person, V.A.T. included.

Yes, I intend to bring ..... accompanying persons  
to the conference dinner