



DEUTSCHER HAUSÄRZTEVERBAND

1st International Congress of Family Physicians and General Practitioners 25/26 September 2014 in Bonn

Registration form

Please complete this form in block letters and return it to:

Deutscher Hausärzterverband e.V.
Abteilung Gremienmanagement
Edmund-Rumpler-Straße 2, 51149 Köln
E-Mail: gm@hausarztverband.de
Fax: +49 2203 5756-7000

1. Participant/-s			
Title:			
First name/Family name:			
Accompanying person(s):			
Street:			
Postcode/City:			
Country:			
Telephone/Fax:			
E-Mail:			
2. Participation in events – I want to attend the following events:			
<u>Thursday, 25 September 2014</u>			
11.15 – 12.45 h	Opening of the 1st International Congress of Family Physicians and General Practitioners		Yes <input type="checkbox"/> No <input type="checkbox"/>
13.15 – 15.30 h	Satellite symposiums (please select a symposium of)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	- Data security/Data flow		Yes <input type="checkbox"/> No <input type="checkbox"/>
	- Insurance industry		Yes <input type="checkbox"/> No <input type="checkbox"/>
	- Recruiting trainees		Yes <input type="checkbox"/> No <input type="checkbox"/>
16.00 – 17.30 h	- Healthcare networks		Yes <input type="checkbox"/> No <input type="checkbox"/>
	International plenary		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hint: The participation in the congress is free of charge.			
I confirm my participation:			
Date: _____ Signature of participant: _____			