



Barcelona, October 26-27 2017



Registration Form

(*) Required field

Attendee Information

Courtesy (*)

First Name (*)

Last Name (*)

E-mail Address (*)

(to send information and certificate)

National ID Number

Professionals Data

Institute (*)

Work Center (*)

Department (*)

Postal Address

City

State-Country

Postal Code

More Information

Important: Indicate in the concept of the bank transfer the name of the attendee registered.

Data for bank transfer:

C&C - European Meeting on Women's Mental Health

Caixabank, S.A.

IBAN account: ES28 2100 1010 5302 0024 1112.

SWIFT: CAIXESBBXXX

Please, send this form with a copy bank transfer to

info@wmhbcn.com

Contact person for this registration

Contact person (*)

E-mail Address (*)

Registration fee

Registration type	SCPiSM Member, Resident Doctor and Students	Non Member
From September 1, 2016 to June 1, 2017	250 €	350 €
From June 2, 2017 to October 10, 2017	300 €	400 €
From October 11, 2017 to October 26, 2017	350 €	450 €

SCPiSM, Resident Doctor and Student

Non Member

Total registration

Billing Information

Name

Postal Address

City

State-Country

Postal Code

Tax Id. Number

Cancellation charges

The following fees will be charged to cover expenses.

- Until September 30th, 2017, no cancellation fee.
- From October 1st to October 15th, 2017, 50% cancellation fee.
- From October 16th, 2017, 100% cancellation fee.