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**Università Ambrosiana**

**PERSON-CENTERED MEDICINE: THE MEDICINE AND HEALTH PARADIGM CHANGE IN MEDICAL SCIENCE AND MEDICAL EDUCATION**

**June 23, 2023**

**Registration Form**

**(This form is to be completed by all participants)**

**ONLY INSTITUTIONAL ACCREDITATIONS ARE ACCEPTED**

**Name (first/given and last/family): ………………………...………………………………………………**

**Accreditation ( Institution)………………………………………..**

**Academic titles:…………………………………………………**

**Address (number and street name, city/state/province, mail/zip code, country):**

**……………………………………………………………….……………………………………**

**Tel: ………………………Fax: ………………………E-mail:**

**Country……………………………………**

**Accredited Registration Fee: ( world bank A)\* 200 Euros**

**Other countries 100 Euros**

 **Payment**

 **PAYPAL**

 **Payment address:**

 **UNIVERSITA AMBROSIANA**

**direzione@unambro.it**

**Once paid the registration will be sent receipt**

**The registration form must be sent to** **secretariat@healthparadigmchange.it** **and**

**segrgen@unambro.it**

**(\*) World Bank Group A (High Income) Countries:** Andorra, Antigua and Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faeroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong-China, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea Rep., Kuwait, Liechtenstein, Luxembourg, Macao-China, Malta, Monaco, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Norway, Portugal, Qatar, San Marino, Saudi Arabia, Singapore, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, Virgin Islands-U.S.

***SENDTHE THE FULFILLED FORM TO*** ***SECRETARIAT@HEALTHPARADIGMCHANGE.IT***

 and segrgen@unambro.it