**THE PARADIGM CHANGE OF MEDICINE:**

**THE EPISTEMOLOGICAL AND SCIENTIFIC BASIS OF PERSON-CENTERED MEDICINE**

**21-22June 2023[[1]](#footnote-1)**

**in streaming**

**Registration Form**

**(This Form is to be completed by all program and general participants)**

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

**Institution if present**

**Academic titles**

**If student: University and n° of registration number ………………………….**

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

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

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

**Registration Fees:\***

**🞏 Individual fee (-World Bank Group A (High Income) countries (\*) 100 Euros**

**🞏 Institutional accreditation 200 Euros**

**🞏 Individual fee residing in other countries: 50 Euros**

**Students:**

**🞏 Residing in World Bank Group A (High Income) countries (\*): 50 Euros**

**🞏 Residing in other countries: 15 Euros**

**Method of Payment:**

**Via PAYPAL**

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**° Invited speakers , if non accredited by their institution are exempted from the registration fee**

**°Registered in the master: “ Person-Centered Medicine Health Quality Assessment”©**

**International and Italian edition are exempted**

**(\*) 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 FULFILLED FORM TO*** [***SECRETARIAT@HEALTHPARADIGMCHANGE.IT***](mailto:SECRETARIAT@HEALTHPARADIGMCHANGE.IT)

***Once payed the registration fee YOU’LL RECEIVE THE ZOOM ADDRESS OF THEc ONGRESS***

1. **The session of 23 June was canceled**  [↑](#footnote-ref-1)