# **8th GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE**

**April 26-29, 2015**

***Person-Centered Primary Health Care***

**Abstract Form**

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

………………………...…………………………………………………………………………………….…….

**Professional position:**

🞏 Physician: Specialty: ………………………………………………………………..…………………………...

🞏 Nurse 🞏 Pharmacist 🞏 Psychologist 🞏 Social Worker 🞏 Student 🞏 Other: ...…………………………

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

……………………………………………………………….…………………………………………………….

**E-mail Address**:……………...………………..…………………………………………………………................

**Presentation Format:**

 🞏 Lecture 🞏 Symposium 🞏 Workshop 🞏 Brief Oral Presentation 🞏 Poster Presentation

**Title of Abstract:** …………………………………………………………………………………….………..

**Title of Broader Activity (Symposium, Workshop):** …………………………………………………………

**Abstract:** (max 200 words, include two references; no tables or figures accepted)

Please download, complete, scan and e-mail the form to ICPCMsecretariat@aol.com