

# 5th GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE

April 30 – May 2, 2012

## Submission and Abstract Form

Names (first/given and last/family):

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**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):

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**E-mail Address:**

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**Presentation Format:**

Initiated by Organizing Committee:  Lecture  Symposium  Workshop

Initiated by a General Participant:  Workshop  Brief Oral Presentation (5 min.)  Poster Presentation

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

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

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