7th INTERNATIONAL CONGRESS OF PERSON-CENTERED MEDICINE
Promotion of Well-being: Challenges and Solutions
Tokyo, Japan, 2 November 2019
Registration Form
(This Form is to be completed by all participants regardless of support)

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

Professional position:
☐ Physician: Specialty: .............................................................................

☐ Nurse    ☐ Pharmacist    ☐ Psychologist    ☐ Social Worker    ☐ Student    ☐ Other: ..............................

Address (number and street name, Apt #, city, state/province, mail/zip code, country):
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Tel: .................................... Fax: ..................................... E-mail: ............................

Conference Components you would like to attend:
☐ November 1, 2019: Pre-Congress Workshops (first come, first served)
☐ November 2, 2019: Congress Core Program

Registration Fees:
☐ Member of the Japanese Medical Association: free registration.
☐ Participants residing in World Bank Group A (High Income) countries (*) ............. 200 USD
☐ Participants residing in other countries: ................................................................. 150 USD

Non-professional Representatives of Patient and Family Organizations and full-time students and trainees will pay discounted one-half fees:
☐ Residing in World Bank Group A (High Income) countries (*): ......................... 100 USD
☐ Residing in other countries: ............................................................................ 75 USD

Methods of Payment:
A. Credit Card (VISA, Master, AMEX) Number: .............................................. Expires mo/year: ... / ....

Name on Card: .............................................. Signature: ............................................

Billing address: .................................................................................................

B. Bank Transfer to INPCM Account 9995793248 at Citibank, Br.27, 1275 Madison Av, New York NY 10128, USA. Routing Code: 021000089; Swift Code: CITI US33

(*) 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.

Forms from international participants should be submitted to ICPCMsecretariat@aol.com.
Forms from Japanese participants should be submitted to Japanese Medical Association at < jmaintl@po.med.or.jp>