

INRICH: 3rd Annual Workshop Registration Form

November 3-5, 2010

Instituto de Medicina Integral Professor Fernando Figueira (IMIP), Recife, Brazil

***Members. Please fill out this form, save it adding your name to the file name, and e-mail it to: inrich@centrelearoback.ca with the subject line: 3rd INRICH WORKSHOP REG.*

I. GENERAL INFORMATION

Name of participant:

Institution coordinates (full):

E-mail address:

Date of arrival (if known):

Date of departure (if known):

Food: regular | vegetarian

Accompanying person(s): ___ No | ___ Yes - specify:

II. CALL FOR ABSTRACTS (POSTER OR ORAL PRESENTATION)

Poster/Oral presentation title:

Author(s) and institution(s):

Name of presenter:

Abstract: Maximum of 250 words, non formatted (please use Times New Roman 12) with Objectives, Methods, Results, and Conclusions. And please send as an attached Word doc with the subject line: POSTER 3rd INRICH 2010 to inrich@centrelearoback.ca.

For additional information, please contact: Lucie Lévesque at inrich@centrelearoback.ca or visit <http://www.centrelearoback.org/inrich/>

IMPORTANT TRAVEL NOTES:

*****You might need a Visa to travel to Brazil, please inquire in advance:**

http://www.ehow.com/how_2041019_tourist-visa-brazil.html

<http://www.vistobrasil.com.br/en/index.html>