

## **PROFESSIONALS REGISTRATION FORM**

### **Personal Information:**

**Full Name:**

**Work/Current position:**

**Full Address details:**

**Tel.**

**Cell.**

**Fax:**

**Email:**

**Degrees/Specializations/Affiliations:**

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### **Optional:**

- a. Would you like to receive communication from "Magic Always Happens" on evaluations, treatment, education and therapies: Yes / No
- b. Can your contact data be kept for further email communication and Information from the organizing committee (addition to mailing list) Yes / No
- c. Interest in potential collaboration Yes / No

**Signature and date:**

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### **PAYMENT AT THE REGISTRATION DESK OF THE CONFERENCE**

**Kindly complete and return to the Conference Secretariat latest by 7 November 2016:**

Conference  
Secretariat



Contact Information:  
smartevents@cytanet.com.cy  
Phone Number: +357 25355480  
Fax: +357 25370795

Please contact the Conference Secretariat for any other queries

**Please share the information regarding this special conference with all and help other families and professionals attend and benefit.**