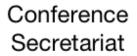
## PROFESSIONALS REGISTRATION FORM

Personal Information:			
Full Name:			
Work/Current position:			
Full Address details:			
Те	I. Cell.	Fax:	
Email:			
Degrees/Specializations/Affiliations:			
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:			

## PAYMENT AT THE REGISTRATION DESK OF THE CONFERENCE

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





Contact Inforrmation: 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.