

## REGISTRATION FORM

### ICF Workshop

26 – 27 September 2013 in Nottwil, Switzerland

Name \_\_\_\_\_ Position \_\_\_\_\_

Institution/Department \_\_\_\_\_

Address \_\_\_\_\_

Postal Code/City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

**Please indicate one or more:** I am a(n)...

- |  |  |
|--|--|
| <input type="checkbox"/> Practitioner/Direct service provider                    | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Researcher  | <input type="checkbox"/> Policy-maker  |
| <input type="checkbox"/> Teacher/Instructor                                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Student. Which level (doctoral, masters, etc...)? _____ | _____                                  |

**and the level of my ICF knowledge is (possible to check more than one):**

- |  |  |
|--|--|
| <input type="checkbox"/> No knowledge at all                     | <input type="checkbox"/> Familiar with linking methodology     |
| <input type="checkbox"/> Basic / know the ICF model of ICF       | <input type="checkbox"/> Use the ICF in daily practice/my work |
| <input type="checkbox"/> Can code using ICF including qualifiers |  |

**My objectives for participating in the ICF Workshop are:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Participation

- I would like to participate in the ICF Workshop. No accommodations required.
- I would like to participate in the ICF Workshop. Kindly reserve a room (single occupancy) for me with check-in on \_\_\_\_\_ and check-out on \_\_\_\_\_.\*
- Unfortunately, I am unable to participate in this workshop, but would like to be invited to the next workshop held.

\* Accommodations will be invoiced as indicated on this form or in a follow-up confirmation. If payment is not received by August 28<sup>th</sup> (2013), we reserve the right to cancel your workshop registration.

NOTE: If a visa is required for entering Switzerland, please send us the visa confirmation no later than August 16<sup>th</sup> (2013). Kindly indicate below if you need an invitation letter for the visa application.

Comments: \_\_\_\_\_

\_\_\_\_\_

Kindly return this form completed to Melissa Selb, ICF Research Branch Coordinator ([melissa.selb@paranet.ch](mailto:melissa.selb@paranet.ch); Fax +41 41 939 66 40) **at the latest by Monday, 22 July 2013.** Should you have further questions, please feel free to contact us (Tel. +41 41 939 66 31).