



WPA Section on Psycho-Oncology

Application Form

I, _____, hereby agree to the objectives of the WPA Section on Psycho-Oncology and would like to apply to be a member of this Section. Following are my contact details. I have no objection to have my data (name, affiliation and address, e-mail, telephone and fax) on the list of members of the Section for mailing.

Name: Dr. Mr. Mrs. Ms.

(please circle) First Middle Last Degree(s)

Title/Position: _____

Institution: _____

Division/Dept: _____

Street: _____

City (and State), Zip Code: _____

Country: _____ **E-mail:** _____

Telephone: _____ **Facsimile:** _____

I work primarily with: Adults Children Both

Type of profession: Psychiatrist Oncologist Physician Other Physician Psychologist

Other (please specify): _____

Type of work (thick as many as necessary): University Hospital Private office

Other (specify) _____

Engaged in research: most of the time some of the time not at all

Current memberships in other related professional organizations: _____

Date _____ **Signature** _____

Please enclose with this application:

1. Brief curriculum vitae (incl. reference of 2-3 most important papers if any)
2. Copy of National Society member certificate (if any)
3. Names of 2 Section members as reference (optional)

Please send (via fax OR e-mail OR regular mail) this application with enclosures to the Chair of the Section: Prof. Luigi Grassi, Section of Psychiatry University of Ferrara - Corso Giovecca 203 44100 Ferrara (Fax +39 0532 212240; e-mail luigi.grassi@unife.it)