



WPA Section on Psycho-Oncology & Psychiatry in Palliative Care

APPLICATION FORM

I, _____, hereby agree to the objectives of the WPA Section on Psycho-Oncology & Psychiatry in Palliative Care 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: _____

Country, City (and State), Zip Code: _____

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 (please specify): _____

Date _____ **Signature** _____

Please enclose with this application: i) a Brief curriculum vitae (including references of 2-3 most important papers, if any); ii) a copy of National Society member certificate (if any); 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, 44121 Ferrara, Italy (Fax +39 0532 212240; e-mail luigi.grassiunife.it)