**Registration Form**

Workshop Theorizing the Body in Health and Medicine

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26-27 November 2015

Crowne Plaza Hotel

Maastricht, The Netherlands

**Details of Participant:**

|  |  |
| --- | --- |
| First name & surname: |  |
| Position: |  |
| Institute/Organisation: |  |
| Postal address of Institute/ Organisation:  Postcode:  Country: |  |
| Email address: |  |
| Phone No / Fax No: |  |

**Participation**

**☐** I will participate in the workshop on 26-27 November 2015 (40€)

**☐** I will participate in the workshop on 26 or 27 November (25€). Please, specify: ………….

Please return before 31 October 2015 by email to Hellen Heutz: [h.heutz@maastrichtuniversity.nl](mailto:h.heutz@maastrichtuniversity.nl)

Please note that your registration will be effective upon reception of the registration fees (40€ for two days, 25€ for one day), which can be paid to Maastricht University, IBAN: NL47INGB0657625418, with the reference “t.g.v. ordernr. 30.95.63.13 N”

For further information please visit <http://www.mindthebody.eu/>