

Registration Form

 To register for the meeting, please complete and send this form to the **EFTA-TIC Secretariat (efta-tic@otenet.gr)** .

Name of Institute: .

Address:

City: ……………………………………… Code: …………………………………………………

Country:

Telephone:

Fax:

E-mail:

Website:

Name of the Institute’s representative(s):

1) Name: Title:

2) Name: Title:

3) Name: Title:

4) Name: Title:

 Please, send your registration fee by bank transfer directly to:

**EFTA-TIC TREASURY**

***ADDRESS:*** 1, Rue Jacques Prévert,

59650 Villeneuve d'Ascq, FRANCE

***BANK:*** Crédit du Nord

***AGENCY:*** Croix République

***IBAN:*** FR76 3007 6028 8433 5410 0420 015

***Code BIC:*** NORDFRPP

Kindly make sure that the name of your Institute appears on the payment or send a message confirming your payment to the Treasurer, Michel Maestre: e-mail michel.maestre@psycom.fr , fax +33 3 20 05 11

**EUROPEAN FAMILY THERAPY ASSOCIATION - TRAINING INSTITUTES CHAMBER**

Secretariat: 9, Epidavrou St. Halandri – 152 33 Athens – Greece – Tel. +30-697 680 8467 & Fax +30-210-689 84 38 - e-m: efta-tic@otenet.gr

[www.efta-tic.eu](http://www.efta-tic.eu)

8th EFTA-TIC Meeting of Trainers

September 26th-28th, 2014 - Iasi, Romania

*“Reconciliation of family and professional life in training:*

*experiences and directions”*