

EUROPEAN FAMILY THERAPY ASSOCIATION TRAINING INSTITUTES CHAMBER

# EFTA - TIC

**EFTA 25th Anniversary**

**RSVP**

1. **Basic Information of Your Institute:**

1. Name of Institute:
2. Address:
3. Telephone:
4. Fax:
5. E-mail:
6. Website:
7. **Director’s Basic Information:**

1. Name of Institute Director:
2. Telephone:
3. Mobile:
4. E-mail:
5. **I choose to participate in the following:**

[ ] Scientific Programme

[ ] Institute Directors’ Event

[ ] Directors’ Dinner

***\* Please note that participation in the above events is complimentary.***

***All travel and accommodation expenses are the responsibility of each individual participant.***

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