

DECLARATION OF PARTICIPATION IN POLISH SOCIETY OF INTERDISCIPLINARY INTENSIVE THERAPY

I hereby declare my will to participate in Polish Society of Interdisciplinary Intensive Therapy (PTITI) as a foreign member.

I hereby declare that I have read the PTITI Statute and I accept it's decisions.

I commit myself to represent and propagate PTITI abroad with all due respect.

.....

(country, town, date)

.....

(name)

(Please fill with capitals)

Name, surname:
Date and place of birth:
Email:
Mobile phone:
Address:
Academic title:
Medical specializations: 1. 2. 3.
Basic place of employment: