



5th AESCHI CONFERENCE 4. – 7. MARCH 2009

REGISTRATION FORM

NAME _____ FIRST NAME _____ TITLE _____

ADDRESS _____

COUNTRY _____ E-MAIL _____

TEL _____ FAX _____

PROFESSION _____ CURRENT POSITION _____

ACCOMPANYING PERSON(S) (sharing room):

TITLE _____ NAME _____ FIRST NAME _____

For families with children suites can be arranged for a small additional charge. Please contact the hotel management.
For conference participants sharing a room, please send separate forms for each. There is a reduced fee for participants sharing a room (see below).

I am sharing a room with: _____

WORKSHOPS Please tick first choice

THURSDAY

- J. Allen, D.A. Jobes, I. Orbach: Mentalizing, Self-hate, and Suicide
- M.M. Linehan, K. Comtois: University of Washington on-line Risk Management Treatment Protocols for Highly Suicidal Individuals
- J.T. Maltsberger, M. Goldblatt, E. Ronningstam, M. Schechter, I. Weinberg: Case Discussion: Establishing a Therapeutic Alliance With the Suicidal Patient

FRIDAY

- M. Goldblatt, K. Michel: Drugs And the Therapeutic Relationship
- K. Comtois, M. Plöderl, M. Perret - Catipovic, E. Rohrbach: Inpatient Care: For Whom and When?
- D.A. Jobes; M. Ring, G. Harbauer, S. Haas: Patient-oriented Assessment Tools

POSTERS

I would like to present a poster. See website, poster section, for details.

FEES

Conference participant (includes conference, hotel accommodation (3 nights), all meals during conference, coffee, welcome drink, social event, handouts)	CHF	1'560.00	Exchange rates, approx. (Sept 2008) CHF 100 = EUR 62.2 CHF 100 = USD 91.3
Conference participant sharing a room, fee per participant	CHF	1'360.00	
Accompanying person sharing a room, full board, social event	CHF	495.00	
Conference only (lunch and drinks included, no accommodation)			
Single day (Thursday, Friday)	CHF	290.00	
Single day (Saturday)	CHF	160.00	
Three days (Thursday to Saturday)	CHF	620.00	

TOTAL AMOUNT TO BE PAID CHF _____

PAYMENT All payments must be made in CHF

Bank transfer to UBS Thun, Account No. 227-252462.40 Y, Konrad Michel, "AESCHIMEETING", Swiftcode UBSWCHZH80A, IBAN CH27 0022 7227 2524 6240 Y

Registration can only be guaranteed if payment is received before January 31, 2009.

CREDIT CARD American Express Eurocard/Mastercard Visa

Card No _____ Name as it appears on card _____

Expiry Date _____ Control Number (3 last numbers on back of card) _____

Date _____ Signature Cardholder _____

Pre-payment of CHF 200.00 will be charged to the credit card after receipt of registration form. The balance will be charged to the credit card by December 15, 2008.

For refunds in case of cancellation see www.aeschiconference.spk.unibe.ch

PLEASE PRINT AND RETURN THIS FORM:

by FAX: +41 31 632 89 50, attention Anja Maillart, University Psychiatric Hospital Bern (UPD)

by MAIL: Anja Maillart, University Psychiatric Hospital Bern (UPD), Murtenstrasse 21, CH-3010 Bern, Switzerland



The Aeschi Working Group
MEETING THE SUICIDAL PERSON
The therapeutic approach to the suicidal patient:
New perspectives for health professionals



5th AESCHI CONFERENCE 4. – 7. MARCH 2009 ADDITIONAL HOTEL NIGHTS

ADDITIONAL HOTEL NIGHTS

The conference fee covers three nights (4.-7. March 2009). Reservations for additional nights before or after the conference at a reduced rate should be made here. Payment for additional nights will be settled directly with the hotel upon arrival.

Rate per night, hotel room and breakfast: CHF 110.00 for single occupancy, CHF 90.00 per person for double occupancy.

I wish to make a reservation for the following additional night(s): _____ single double

NAME _____ **FIRST NAME** _____

TITLE _____

ADDRESS _____

COUNTRY _____

TEL _____ **FAX** _____

E-MAIL _____

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