**medical university of pleven**

**faculty of public health**

**1, Kliment Ohridski str., 5800 Pleven, Bulgaria**

**Tel. + 359 64 884 237/+ 359 64 884 196**

**JUBILEe SCIENTIFIC CONFERENCE**

***“PUBLIC HEALTH POLICY AND PRACTICE”***

***1 – 3 OCTOBER 2015***

*Dedicated to the 10th anniversary of*

*the Faculty of Public Health, Medical University – Pleven*

**REGISTRATION FORM**

**Abstracts submission deadline: 30th of May 2015**

|  |  |
| --- | --- |
| **Participant’s name** |  |
| **Title** |  |
| **Institutional affiliation** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |

**Presentation 1**

**Title ………………………………………………………………………………………………….…….**

**Presentation Type** (Check One) **Topic Area** (Check One)

\_\_\_\_\_Media Presentation \_\_\_\_\_1. Health promotion

\_\_\_\_\_Poster \_\_\_\_\_2. Epidemiology of chronic non-infectious diseases

\_\_\_\_\_3. Epidemiology of infectious diseases

\_\_\_\_\_4. Environment and Public Health

\_\_\_\_\_5. Management and quality of health care

\_\_\_\_\_6. Health economics

\_\_\_\_\_7. Information technologies and e-health

\_\_\_\_\_8. Ethical problems in clinical practice

\_\_\_\_\_9. Public health ethics

\_\_\_\_\_10. Mental health

\_\_\_\_\_11. Medical rehabilitation and ergotherapy

\_\_\_\_\_12. Integration and social rehabilitation

\_\_\_\_\_13. Varia

**Authors/Presenter** (for each provide the following information)

Name, Degrees

Position

Institutional Affiliation

Email Address

**Presentation 2**

**Title ……………………………………………………………………………………………….……….**

**Presentation Type** (Check One) **Topic Area** (Check One)

\_\_\_\_\_Media Presentation \_\_\_\_\_1. Health promotion

\_\_\_\_\_Poster \_\_\_\_\_2. Epidemiology of chronic non-infectious diseases

\_\_\_\_\_3. Epidemiology of infectious diseases

\_\_\_\_\_4. Environment and Public Health

\_\_\_\_\_5. Management and quality of health care

\_\_\_\_\_6. Health economics

\_\_\_\_\_7. Information technologies and e-health

\_\_\_\_\_8. Ethical problems in clinical practice

\_\_\_\_\_9. Public health ethics

\_\_\_\_\_10. Mental health

\_\_\_\_\_11. Medical rehabilitation and ergotherapy

\_\_\_\_\_12. Integration and social rehabilitation

\_\_\_\_\_13. Varia

**Authors/Presenter** (for each provide the following information)

Name, Degrees

Position

Institutional Affiliation

Email Address

Send this completed form **accompanied by the abstract(s)** as an Email to:

ph-oct-2015@mu-pleven.bg