



Contact Information Template

Please use this form to collect information from interested participants at your event. We will be sure to follow up with them and provide them with the requested information asap!

Your Name: _____

Address & Preferred Contact Details: _____

	Date	Name	Preferred Method of Contact (Address, phone, email, Skype, Facebook etc...)	Area of interest: General, Prevention, Treatment, Aftercare, Policy or Geographical (please specify)	Would you like to receive the IFBC quarterly newsletter? (Y/N)
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Please submit form to: Gesellschaftsstrasse 78, 3012 Bern Switzerland / office@ifbc.info / Phone: +41 31 301 9804 / Fax: +41 31 301 9805