Registration form

**Please register by May 20, 2025** by filling out the form below for each participant from your country. Please send the form to Jörg Utschakowski joerg.utschakowski@gesundheit.bremen.de and Michele Rocelli michele.rocelli@unipd.it

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| E-Mail |  |
| PLE/mental health worker/ relative/ decision maker/other |  |
| Country |  |
| Region |  |
| Why do you attend the workshop? |  |
| Please indicate which workshops you will participate in | [ ]  **Forms of Participation of People with lived Experience** 4.6.2025, 1:00 p.m. until 4:30 p.m.[ ]  **From Attendance to Participation to Co-Production** 10.6.2025, 1:00 p.m. until 4:30 p.m.[ ]  **Peer Advocacy** 12.6.2025, 1:00 p.m. until 4:30 p.m.[ ]  **Empowerment Colleges** 24.6.2025, 2:00 p.m. until 5:30 p.m.[ ]  **Training of Recovery Companions** 30.6.2025, 1:30 p.m. until 5:00 p.m. |