



**WORLD PSYCHIATRIC
ASSOCIATION**

Advance Psychiatry and Mental
Health Across the World

SUMMARY REPORT FOR WPA CO-SPONSORED MEETING

Title of Meeting: _____

Theme: _____

City and Country: _____

Date of Meeting: _____

Organizer: _____

Number of attendees: _____

Did you use an evaluation form to assess the outcome of this Scientific Meeting?
(If yes, please attach a copy to this report)

Positive outcomes of the Scientific Meeting:

Negative outcomes of the Scientific Meeting:

***Please return this form to wpasecretariat@wpanet.org with an attached list of participants,
including their countries and email addresses***

Thank You.

Nr.	19
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