**REGISTRATION FORM (Course VIII-1)**

Please submit the following information when you register by e-mail.

**(Add X at the end of your choice)**

1. Full name:
2. Year of birth:
3. Affiliation:

Province/City:

Email:

1. Year of graduation:
2. Current position
	1. Medical doctor
	2. Resident
	3. Post-graduated student (specialist, master degree)
	4. Others
3. Have you attended one or more previous epidemiology training courses of FMU – UMP?
	1. Yes
	2. No
4. Are you a candidate of….?
	1. MSc degree
	2. PhD degree
	3. Specialist level II
5. Have you ever done a study?
	1. No
	2. No, but are doing now
	3. Yes, once
	4. Yes, many times

Please submit this information to email address: tranthetrung73@yahoo.com