**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