**SOCIALIST REPUBLIC OF VIETNAM**

**Independence – Freedom – Happiness**

**REGISTRATION FORM**

**Continuous Medical Education class “Treatment of vascular diseases by endovascular intervention” - Course 2**

To: Pham Ngoc Thach University of Medicine.

Fullname: Sex:

Date of birth: Place of birth:

E-mail:

Current workplace:

Department:

Permanent phone number: Cell:

Home address:

I register for the course **“Treatment of vascular diseases by endovascular intervention” - Course 2**, organized at Pham Ngoc Thach University of Medicine.

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|  | *.................................... , Date ....../....../2022* ***Applicant*** *(Sign, Specify the name)* |