



WEST AFRICAN COLLEGE OF SURGEONS
(Knowledge, Health and Unity)

IN COLLABORATION WITH
ASSOCIATION FOR ACADEMIC SURGERY

2ND RESEARCH METHODOLOGY COURSE
REGISTRATION FORM

(THIS FORM SHOULD BE COMPLETED NEATLY IN BLOCK LETTERS)

**AFFIX
RECENT
PASSPORT**

1. **NAME:**.....
SURNAME **OTHER NAMES**
2. **GENDER:**.....
3. **FACULTY:**.....
4. **INSTITUTION:**.....
5. **EMAIL ADDRESS:**.....
6. **CONTACT PHONE NO:**.....
7. **CONTACT ADDRESS:**.....

PLEASE NOTE THE FOLLOWING:

- (a) Write names as you would want on your certificate
- (b) The College will reject any Registration Form that is not properly completed
- (c) Fee paid is non-refundable
- (d) Registration form with payment Teller must be submitted by **e-mail on or before 23rd May, 2016 to sao.wacs@gmail.com.**
- (e) **Original Teller of payment and Registration Form should be brought along to the venue of the workshop.**

.....
PARTICIPANT'S SIGNATURE

.....
DATE

