

**PARTICIPANT'S SIGNATURE** 



## **WEST AFRICAN COLLEGE OF SURGEONS**

(knowledge, Health and Unity)

## IN COLLABORATION WITH ASSOCIATION FOR ACADEMIC SURGERY

1<sup>ST</sup> RESEARCH METHODOLOGY COURSE

## **REGISTRATION FORM**

(THIS FORM SHOULD BE COMPLETED NEATLY IN BLOCK LETTERS)

AFFIX RECENT PASSPORT

**DATE** 

	SURNAME	OTHER NAMES
2.	GENDER:	
3.	FACULTY:	
4.	INSTITUTION:	
5.	EMAIL ADDRESS:	
6.	CONTACT PHONE NO:	
7.	CONTACT ADDRESS:	
PLEA	SE NOTE THE FOLLOWING:	
(b) (c) (d)	Write names as you would want on your of the College will reject any Registration F Fee paid is non-refundable Registration form with payment Teller mu 30 <sup>th</sup> May, 2015 to sao.wacs@gmail.com.  Original Teller of payment and Registration the venue of the workshop.	orm that is not properly completed st be submitted by e-mail on or before