

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



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A 2-DAY TRAINING OF TRAINERS WORKSHOP IN

C U R R E N T E X A M I N A T I O N M E T H O D S

JUNE 2015

PARTICIPANTS' REGISTRATION FORM

NAME:.....

SURNAME

OTHER NAMES

FACULTY:.....

INSTITUTION:.....

PHONE NO.....

E-MAIL :

INSTITUTION E-MAIL :

RESIDENTIAL

Please tick as applicable

NON RESIDENTIAL

Registration is complete only when appropriate payment for workshop has been made.