**REGISTRATION FORM (Course VII-2)**

Please submit the following information when you register by e-mail.

1. Full name:
2. Year of birth:
3. Affiliation:
4. Year of graduation:
5. Current position
   1. Medical doctor
   2. Resident
   3. Medical student
   4. Others
6. Have you attended one or more previous epidemiology training courses of Fukushima Medical University – University of Medicine and Pharmacy, HCMC?
   1. Yes
   2. No
7. Are you a candidate of….?
   1. MSc degree
   2. PhD degree
   3. Specialist level II
   4. No