**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