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Deadline April 15, 2008

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Send by Email :

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OR mail or fax back this form.

Please write LEGIBLY.

Please register me as a participant.

Title (Dr/Prof/Mr/Ms/Mrs)

Surname

First Name

Middle Initial

Email

Cell Number

Land Line

Position

**The Course Coordinator
Intensive Training Course on
Diagnostic Parasitology**

Mailing Address

Department of Parasitology
College of Public Health
University of the Philippines Manila
625 Pedro Gil Street
Ermita, Manila 1000

Phone / Fax

Tel. No.: (02) 523-5929

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Institution

Building

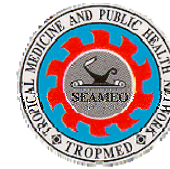
Street Address

Town / City

Province

Specialization

Food Requirements



**19th Intensive
Training Course
on Diagnostic Parasitology**

May 12 – 16, 2008

DEPARTMENT OF PARASITOLOGY
COLLEGE OF PUBLIC HEALTH
University of the Philippines Manila
The Health Sciences Center