**REGISTRATION FORM**

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|  | 1. Name (CAPITAL LETTERS)....................................................................................................
 |
|  | 1. Date of birth…………………………………………………………
 | Sex........................ Male/Female  |
|  | 1. Nationality……………………………………………………………………………………………………………
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|  | 1. ID number/ passport number……………………………………………………………………………….
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|  | 1. Place/Date of issue: ………………………………………………………………………………………………
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|  | 1. Working position: …………………………………………………………………………………………………
 |
|  | 1. Contact detail:

Telephone number…………………….E-mail………………………………………………………………………...Fax:………………………………………………………………………………………......................................................... |
|  | 1. Qualification…………………………………………………………………………………………………………
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|  | 1. What original master program that you have participated in tropEd member institution: …………………………………………………………………………………………………………………..

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|  | 1. What course will be registered *(Pls. circle the number for the course that you choose)*
 | 1. Bridging the gap between research and health policy making
2. Principle and practice of injury prevention
3. One Health Approach to Emerging and Re-emerging Zoonotic diseases
4. Leadership in Management in Resource-limited Settings
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|  | 1. Express your ideas the reasons why you register the course at HUPH:

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|  | 1. Emergency contact: person, address, phone number (Write in detail and clearly)

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2. Other support: Please specify in detail if you need: 1)logistic support/accommodation arrangement during your stay; 2) transportation guidance and support (to/from airport):

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|  | *Date month Year****Signature*** *(and full name )* |