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| Description: K:\LOGOS\UNIMA COLOUR LOGO HIGH RESO.jpg  **Department of Medical Laboratory Sciences**  **University of Malawi**  College of Medicine | |
| Registration form for Method Validation Workshop | |
| EITHER TYPE IN THE SHADED AREAS OR PRINT THE FORM OUT AND COMPLETE IN BLACK INK | |
| **Please complete all sections** | |
| **PERSONAL DETAILS** | |
| Surname/Family Name | Title: Mr Mrs Ms  Miss Dr Other |
| All other Names) | Gender: Male Female |
| Nationality (if dual give both) | Country of birth: |
| Correspondence address (please write clearly if faxing)  Country: | |
| Preferred Telephone:  Additional Telephone:  Fax:  Preferred e-mail:  Additional e-mail: | |
| **COURSE DATE:** | |
| Workshop Date Applying For: | |
| **EDUCATION/TRAINING BACKGROUND** | |
| Qualification (s) | |
| Prior Method validation experience?: Yes Organisation:--------------------- When:------------------------- | |
| Current Job Title and Responsibilities | |
| Previous Jobs and Responsibilities | |
| **FEE PAYMENT** | |
| Who is paying for your Course Fee  If paying by check, please make cheque out to Research Support Centre | |
| **FURTHER INFORMATION** | |
| How did you learn about the Workshop ?  Advertisement    College of Medicine Website  Event Name of event ----------------------------------------------------  Staff Member Name---------------------------------------------------------------  Other Specify-------------------------------------------------------------- | |
|  | |
| **COURSE EXPECTATIONS**  What are your expectations for the workshop ?  Please find the account details below;  The account details are as follows:-  Bank Name       : NBS Bank  Account Name  : Com -Research Support Centre  Account Number: 14356274  Branch Name     : Ginnery Corner  SWIFT CODE for our bank is NBSTMWMW | |