Registration form

Please return this form duly filled out to Cochrane Switzerland per email until **November 1, 2016**.
(Email: Lucienne.Boujon@chuv.ch)

I would like to register for the following course :

Meta-analysis: Advanced methods using the STATA software

Lausanne, December 7 to 9, 2016

PERSONAL DATA

☐ Ms.   ☐ Mr.

Last name: .... First name : .... Date of birth : ....

Position: ....

PROFESSIONAL ADDRESS: **PRIVATE ADDRESS:**

Employer:...   Street: ....

Street: ....   Postcode and place: ....

Postcode and place: ....   Private phone: ....…………….……………

Prof. phone: . ...   Mobile phone: ....

E-mail: ....   E-mail:...

PLEASE SPECIFY :

Billing address   ☐ professionnal*   ☐ private

* Please state (CHUV employees)   **CGRA** :...................................... **CGRB** : ....

Adress/Email for correspondence   ☐ professionnal   ☐ private

I would like to receive information regarding the activities of Cochrane Switzerland per email   ☐ YES   ☐ NO

PREREQUISITE

➢   The participants use their own computer, on which they have downloaded the STATA software, version 14, prior to the course. The software is included in the registration price and will be sent once the registration is confirmed.

TERMS OF PAYMENT

By signing this form and if accepted for the course, the participant commits to paying the whole of the registration fee at least three weeks prior to the course.

Any withdrawal **within three weeks** before the course is subject to a cancellation charge amounting to **50% of the registration fee**. The **entire fee remains due to Cochrane Switzerland** in the case of a withdrawal **within a week prior to the course**.

Place and date .... Signature ....… …

IUMSP - Institut universitaire de médecine sociale et préventive

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