

## Registration form

Please return this form duly filled out to Cochrane Switzerland per email (registrations will be accepted as long as the course is not fully booked). (Email: [suisse.cochrane@unisante.ch](mailto:suisse.cochrane@unisante.ch))

I would like to register for the following course :

### Meta-analysis: Advanced methods using the STATA software

Meta-analysis and Systematic Reviews (5 days) Lausanne, September 7 to 11, 2020

Meta-analysis (4 days) Lausanne, September 8 to 11, 2020

### PERSONAL DATA

Ms.  Mr.

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

Position: .....

#### PROFESSIONAL ADDRESS:

Employer: .....

Street: .....

Postcode and place: .....

Prof. phone: .....

E-mail: .....

#### PRIVATE ADDRESS:

Street: .....

Postcode and place: .....

Private phone: .....

Mobile phone: .....

E-mail: .....

### PLEASE SPECIFY :

#### Billing address

professional\*

private

\* Please state (CHUV employees)

CGRA : ..... CGRB : .....

#### Adress/Email for correspondence

professional

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 16, prior to the course. The software is included in the registration price and the access code will be sent per email once the registration is confirmed.

➤ **Minimum number of registrations:** 10. The course will be **cancelled** if this number is not reached.

### 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 .....