**REGISTRATION FORM**

**WORKSHOP 3: Essentials for the Clinical Research Supervisor**

**Dates : 21 Oct 2015**

**Venue: Postgrad Room 1, Barnard Fuller Building, Anzio Road, Observatory**

Surname:

First names:

Title: Mr/Ms/Prof/Dr:

Cell Number:

Office Tel number:

Email Address:

Department:

Name of Hospital if any:

Designation:

Staff Number:

|  |
| --- |
|  |

MP/Practice Number:

Degree/ student/ being supervised:

Email your registration form to: [Faldeelah.fisher@uct.ac.za](mailto:Faldeelah.fisher@uct.ac.za) before 15 Oct 2015

For more information please contact: Faldeelah at 021 650 1975