

Course on  
**ADVANCES IN HAEMATOLOGY IN AFRICA**

*13th - 16th August, 2018*

*Muhimbili National Hospital. Muhimbili University of Health Allied Sciences.*

*Dar es Salaam, Tanzania*

**REGISTRATION**

**1. Personal Information**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_

Nationality: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you require Visa for Tanzania (YES/NO): \_\_\_\_\_

**2. Professional Details**

Current Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Country: \_\_\_\_\_

### 3. Education Qualifications *(from Medical School onwards)*

	Institution/ City	Qualification attained	Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### 4. Tick where relevant and complete follow up question

☐ For Haematologists

Number of years since qualified as a Haematologist \_\_\_\_\_

☐ For Non-Haematologist

State briefly why you are interested in attending the course (500 words)

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\_\_\_\_\_

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<sup>a</sup> Detailed instructions on how to pay will be sent if box ticked

## 5. Registration Fees Payment

### Payment (*Tick*)

- ☐ Advance Payment <sup>a</sup>
- ☐ **On** day 1 of course
- ☐ Applying for bursaries

*Please fill in form and send it as a Microsoft word attachment to course@blood.ac.tz*

<sup>a</sup> Detailed instructions on how to pay will be sent if box ticked