

**REGISTRATION FORM**

**ADVANCED TB DIAGNOSTIC RESEARCH**

An intensive, high-level course on TB diagnostic research methods

**Montréal, July 8-12, 2013**

**TITLE**: Dr. 🞎 **GENDER :** M 🞎

Mr. 🞎 F 🞎

Mrs. 🞎

Ms. 🞎

**LAST NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFILIATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY : \_\_\_\_\_\_\_\_\_\_\_ PROVINCE/STATE : \_\_\_\_\_\_\_\_\_ COUNTRY : \_\_\_\_\_\_\_\_\_**

**EMAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORKSHOP PREREQUISITE :** 🞎 Advanced training in TB diagnostic research

🞎Prior experience in TB diagnostic research

*If you do not meet these prerequisites, please contact* [*madhukar.pai@mcgill.ca*](mailto:madhukar.pai@mcgill.ca)

**Brief outline of your relevant training and research experience in TB diagnostics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT: *must be received by 1 February 2013***

***Please note that we cannot accept payment by credit card***

Kindly make your cheque (in Canadian dollars) or bank draft (add $30 to cover fees) payable to:

**The Research Institute of the MUHC**

c/o Ms. Danielle Bastien, RECRU, 3650 Saint-Urbain Street, Office K1.34

Montréal, Québec, CANADA, H2X 2P4

Tel: 514-843-2072

🞎 $800 **Student *(attach copy of student ID or proof of trainee status)***

🞎 $800 **Low income country**

🞎 $2000 **Industry**

🞎 $1400 **All others**

***\*Please note that registration is limited and will NOT be confirmed until full payment is received (or if received later than 1 Feb 2012).***

**To help us better serve you, please inform us of any food allergy and /or diet preference**

**Food allergies :** 🞎 No 🞎 Yes - Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred diet :** 🞎 No preference 🞎 Vegetarian 🞎 Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_