

23-27 September 2017

Athens

EUSEM 2017



Please send this registration form to MCO Congrès - EUSEM 2017, Villa Gaby 285 Corniche JF Kennedy - 13007
Marseille - France - Phone: +33 4 95 09 38 00 audrey.martin@mcocongres.com - Fax: +33 4 95 09 38 01

SIMULATION COMPETITION REGISTRATION

TEAM CAPTAIN

■ First Name Last Name.....

Address

CityPostal/Zip CodeCountry

Phone.....Fax

Email (mandatory).....

Important note : The team members must be registered to the congress

The team should be composed of 2 to 4 members from healthcare professions (physicians, nurses, paramedics, technicians, etc ...)

The objectives, process and rules can be consulted on the congress website.

TEAM MEMBERS

■ First Name Last Name.....

Address

CityPostal/Zip CodeCountry

Phone.....Fax

Email (mandatory).....

Paramedic Nurse Physician Other

■ First Name Last Name.....

Address

CityPostal/Zip CodeCountry

Phone.....Fax

Email (mandatory).....

Paramedic Nurse Physician Other

■ First Name Last Name.....

Address

CityPostal/Zip CodeCountry

Phone.....Fax

Email (mandatory).....

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