Public Health
Education

Interuniversitäres Weiterbildungsprogramm Public Health
Interuniversitary Advanced Study Programme Public Health

Anmeldeformular (*Application Form)*

Epidemiology Summer Course Zurich
27. – 30. June 2011 and 4. – 7. July 2011

Name *(Family Name)* _____

Vorname *(First Name)* _____

Korrespondenz-Adresse (correspondence address)

❒ Privat *(Private)*
❒ Geschäft *(Office)*

Firma *(Company)* _____

Strasse *(Street)* _____

PLZ *(ZIP code)* _____

Ort *(City)* _____

Land *(Country)* _____

Telefon *(Phone)* _____

Mobile _____

E-Mail _____

_____

Ort, Datum, Unterschrift (Place, Date, Signature)

Fax to: **0041 44 634 49 62**
Mail to: **mph@ifspm.uzh.ch**