

Application for Admission

Travellers' Health

30 January – 3 February 2012

Personal details

Family name: _____

Given name(s): _____

Date of birth: _____ Sex: F M

Nationality: _____

Profession: _____

Address

Street, number: _____

P.O. Box: _____ Postal code: _____

City: _____ Country: _____

Phone number: _____

Fax number: _____

E-mail: _____

FPH-member

yes no

If yes: FPH-membership Number: _____

Are you a tropEd registered Master student?

yes no

If yes, which is your home institution? _____

Previous working experiences

Please detach this card and send it to the Swiss Tropical
and Public Health Institute in Basel

Post
Stamp

Swiss Tropical and Public Health Institute
Course Secretariat
P. O. Box
CH-4002 Basel