



# 7<sup>th</sup> Migrating Course on Epilepsy

3-9 NOVEMBER, 2013  
NICOSIA - CYPRUS

<http://www.cing.ac.cy/mce2013/>

## Registration Form

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

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

Year of Birth\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_

Current Position\*: \_\_\_\_\_

Contact Address\*: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone\*: \_\_\_\_\_

Fax: \_\_\_\_\_

Specialty / Degree\*: \_\_\_\_\_

Other Specialty / Degree,  
not listed above\*: \_\_\_\_\_

Title of Case Report 1\*: \_\_\_\_\_

Title of Case Report 1\*: \_\_\_\_\_

Video Case Report \*: YES  NO

Notes on Video Case  
Report : \_\_\_\_\_

Please submit your form at:  
[mce2013@cing.ac.cy](mailto:mce2013@cing.ac.cy)