



7th 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 2*: _____

Video Case Report *: YES NO

Notes on Video Case
Report : _____

Please submit your form at:
mce2013@cing.ac.cy