**Registration form**

Please return this form duly filled out to Cochrane Switzerland per email **by 1 July 2019 at the latest** (late registrations will not be accepted). (Email: [swiss.cochrane@chuv.ch](mailto:swiss.cochrane@chuv.ch))

|  |
| --- |
| **I would like to register for the following course** : |

**Meta-analysis: Advanced methods using the STATA software**

**Lausanne, September 3 to 6, 2019**

|  |
| --- |
| **Personal data** |

Ms.  Mr.

Last name: First name : Date of birth :

Position:

**Professional address:**

Employer:

Street:

Postcode and place:

Prof. phone: . .

E-mail: **Private address:**

Street:

Postcode and place:

Private phone: ……………………………

Mobile phone:

E-mail:

|  |
| --- |
| **Please specify :** |

**Billing address**  professional\*  private

\* Please state (CHUV employees) **CGRA** : **CGRB** :

**Adress/Email for correspondence**  professional  private

|  |
| --- |
| **I would like to receive information regarding the activities of Cochrane Switzerland** **per email**  YES  NO  **Prerequisite** |

* The participants use their own computer, on which they have downloaded the Stata software, version 15, prior to the course. The software is included in the registration price and the access code will be sent per email once the registration is confirmed.
* **Minimum number of registrations**: 10. The course will be **cancelled** if this number is not reached.

|  |
| --- |
| **Terms of payment** |

**By signing this form and if accepted for the course, the participant commits to paying the whole of the registration fee at least three weeks prior to the course.**

Any withdrawal **within three weeks** before the course is subject to a cancellation charge amounting to **50% of the registration fee**. The **entire fee remains due to Cochrane Switzerland** in the case of a withdrawal **within a week prior to the course**.

Place and date Signature …