



CAMEROON SOCIETY OF EPIDEMIOLOGY (CaSE)

Déclaration N° 00000094/RDA/J06/BAPP

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Capacity Building on Case Management of Snakebite, Scorpion sting and Wound Care in Cameroon- Buea July 2018

Registration Form

Names (in full):.....

Title (tick where appropriate): Prof Dr. Mr. Mrs. Ms.

other(indicate).....

Profession:.....

Telephone:.....Email:

Town of Residence:

Address:

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Duration of work as a Health worker (years).....

Duration of work in other field (years).....