

**Project Management in e-Health**

**Registration Form**

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| **Last name :** | **Middle :** | **First name :** |
| **Gender (Male / Female):** |
| **Place of work :** |
| **Position Title:** |
| **Region/ City :** |
| **PMI ID Number (PMI Members only)** |
| **PMI Membership Expiry Date (PMI Members Only)** |
| **PMP Number (Certified PMPs Only)** |
| **Phone No. :** |
| **Mobile No. :** |
| **Email Address :** |