

**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 :** | | |