



## Registration Form

URO-MET (Urology Medical Education & Technology)

15th & 16th December 2018



Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

USI Membership No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email id: \_\_\_\_\_

MCh completed in: \_\_\_\_\_

Affiliated to: \_\_\_\_\_

**Please note:**

For registration to be accepted:

- You must be post MCh/DNB (within 5 years)
- You must have a USI Membership number

Laparoscopy Training details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

Signature :