

THE 2ND CONFERENCE OF INTERNATIONAL FEDERATION OF
RURAL SURGERY

PRE-REGISTRATION FORM

Please provide the information requested below.

Family name

First Name

Title (Prof/Dr/Mr/Mrs/Ms/Mrs)

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Tel.

Fax.

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Participation plan (tick)

Paper presentation

Poster presentation

No presentation

Exhibition

Date Signature

Return this form to:

Dr. Patience Kibatata
Chairman, Organizing Committee
St. Francis Designated District Hospital
P. O. Box 73
IFAKARA, TANZANIA

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Email: plkibatata@yahoo.co.uk

Further information and online pre-registration can also be obtained from
the address above. Pre-registration form is also available at
www.ihrdc.or.tz and www.healthtrainingifakara.org