

Application for Admission

Travellers' Health

21 January – 25 January 2019

Personal details

Family name: _____

Given name(s): _____

Date of birth: _____ Sex: F M

Nationality: _____

Profession: _____

Address

Street, number: _____

P.O. Box: _____ Postal code: _____

City: _____ Country: _____

Phone / Fax number: _____

E-mail: _____

Address for invoice [if different from above]

Business name: _____

Business address: _____

P.O. Box: _____ Postal code: _____

City: _____ Country: _____

Are you a tropEd registered Master student?

yes no

If yes, which is your home institution? _____

Previous working experiences

Please detach this card and send it to the Swiss Tropical
and Public Health Institute in Basel