

Vienna, July 2011



**UNITED EUROPEAN
GASTROENTEROLOGY
FEDERATION**

UEGF EBM PRACTICE COURSE 2011: Nomination Form

Please type or write clearly

Mr Mrs

Last Name: _____

First Name: _____

Date of Birth (Day-Month-Year): _____

Street: _____

City: _____

State: _____ Zip: _____

Current Institution/City/State

Phone: _____

Fax: _____

E-mail: _____

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