

Request for a training course

Field of interest

Training course objective

Participant

Name: _____ First name: _____

Academic background: _____

Current position: _____

Organization: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Preferred training course dates

Start date: _____ End date: _____

Expected funding mode:

Have you already identified one or more organizations where you wish to pursue a training course? If so, please list them below:

Organization's name

Known contact

Please send this form to:

Pierre Gosselin

CHUQ Research Center

2705, boulevard Laurier

Québec, Québec

G1V 4G2