

USERNAME (for office use only):

Instructions: Please fill in all fields below, save to your computer and return by email to info@healthfoundation.eu. Registration is not guaranteed until full payment has been received.

HEALTH[e]FOUNDATION

training for treatment

AMC HIV Symposium | Amsterdam, The Netherlands 1 October 2010

Personal Information	First Name	
	Last Name	
	Date of Birth (dd-mm-yyyy)	
	Age	
	Gender	
Contact Information	Postal address	
	City/Zip code	
	Country	
	Email	
	Phone (with country code)	
	Mobile (with country code)	
Participant Information	Preferred language in course:	
	After the course, I expect to know:	
Work Information	Profession	
	Hospital/Organization	
	Job Title	
	Years of work experience	<input type="checkbox"/> < 5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> >10 yrs
	Does the facility provide ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Urban/Rural	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
	ART training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of HIV+ patients per week:	<input type="checkbox"/> None <input type="checkbox"/> < 15 <input type="checkbox"/> 15-50 <input type="checkbox"/> > 50
	Number of HIV+ children per week:	<input type="checkbox"/> None <input type="checkbox"/> < 15 <input type="checkbox"/> 15-50 <input type="checkbox"/> > 50
	Computer usage	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Daily