

CARE OF PATIENTS WITH HAEMODIALYSIS (22 APR 2021)

FULL NAME (AS PER IC)

NATIONALITY:

GENDER:

ORGANISATION:

ORGANISATION WEBSITE:
(if any)

POSITION:

CONTACT NO:

EMAIL:

DECLARATION AND AUTHORISATION

I confirm that the above information is correct and I will inform IMC when there is any change to this information.

I have read, understood and consent to the processing of my personal data as set out in the Privacy Notice.

Signature

Date

DISCLAIMER:

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

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