

## Training as a Master Trainer in Emergency Obstetrics & Newborn Care

Name:

Email:

Mobile No:

Present station:

	<b>Places available</b>	<b>Tick if attending</b>
<b>Course No 1</b>		
15 <sup>th</sup> – 17 <sup>th</sup> March 2016 Training	10	
18 <sup>th</sup> March 2016 (Training of Trainers)		
<b>Course No 2</b>		
21 <sup>st</sup> – 23 <sup>rd</sup> March 2016 Training	10	
24 <sup>th</sup> March 2016 (Training of Trainers)		
Attending as a trainer 21 <sup>st</sup> to 23 <sup>rd</sup> March <b>(only for trainers from Course No 1)</b>	8	

\* **Trainings will run from 0830 to 1700 hours**

**Signature:**