



PharmaTrain

MASTERING MEDICINES DEVELOPMENT
CENTRE OF EXCELLENCE



universidade de aveiro
secção autónoma de ciências da saúde

TRAINING PROGRAMME IN PHARMACEUTICAL MEDICINE

A PHARMATRRAIN CENTRE OF EXCELLENCE

CLINICAL TRIALS: CLINICAL DEVELOPMENT

MODULE DATE: **December 12 - 14, 2013**

MODULE LOCATION: **Lisbon**

Application Form

PARTICIPANT:

NAME:	
ADDRESS:	
ZIP-CODE:	
PHONE:	
E-MAIL:	
AFFILIATION (COMPANY/INSTITUTION):	
DEPARTMENT:	
POSITION:	

FEE (EUROS): DAY 1: € 100,00 DAY 2: € 100,00 DAY 3: € 100,00 All DAYS: € 280,00 **TOTAL:**

METHOD OF PAYMENT: BANK TRANSFER  (PLEASE ATTACH THE BANK TRANSFER DOCUMENT)

ORIGINATING COMPANY OR INDIVIDUAL:

NATIONAL (PORTUGUESE) TRANSFER: NIB: 0033 0000 0000 1649 3968 1

FOREIGN (INTERNATIONAL) BANK TRANSFER: IBAN: PT50 0033 0000 0000 1649 3968 1 SWIFT/BIC: BCOMPTPL

BILLING TO:

NAME:	
ADDRESS:	
ZIP-CODE:	
VAT NUMBER:	

FORM FILLED BY:

DATE (dd/mm/yy):

PLEASE RETURN BY E-MAIL TO: joanatuna@pharmaceutical-medicine.pt

ORGANISATION:

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