 **INTRODUCTION TO COCHRANE SYSTEMATIC REVIEWS WORKSHOP**

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Middle name:** | **Surname:** |
| **Sex** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Department/Institution:** |  |
| **Area of research interest:** |  |
| **Any previous training or experience on conducting systematic reviews/ meta-analysis?** |  |
| **Signature and Date** |   |

Note: Please email completed registration form to **anyi\_ezebialu@yahoo.com** and copy cochranenigeria@yahoo.co.uk with subject of the email indicated as

**Introduction to Cochrane systematic reviews Enugu November 2017**