 **IINTRODUCTION TO COCHRANE SYSTEMATIC REVIEWS WORKSHOP**

**REGISTRATION FORM**

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| --- | --- |
| **Name:** |  |
| **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 [cochranenigeria@yahoo.co.uk](mailto:cochranenigeria@yahoo.co.uk) and copy [olabisioduwole@yahoo.co.uk](mailto:olabisioduwole@yahoo.co.uk) with subject of the email indicated as

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