 **INTRODUCTION TO COCHRANE SYSTEMATIC REVIEWS WORKSHOP- OGBOMOSO, JULY 2019**

**REGISTRATION FORM**

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| --- | --- | --- | --- |
| **Title:** | **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 [olabisioduwole@yahoo.co.uk](mailto:moriamchibuzor@yahoo.com)

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

**Introduction to Cochrane systematic reviews Ogbomoso, July 2019**