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

**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **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

 and copy cochranenigeria@yahoo.co.uk with subject of the email indicated as

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