**CONFERENCE PARTICIPANT APPLICATION**

|  |  |
| --- | --- |
| First name  |  |
| Second name  |  |
| Middle name  |  |
| Participant’s work place (full name of the university, organization, city)  |  |
| Participant’s degree (if any)  |  |
| Contacts : telephone, email address  |  |
| Area of interest  |  |
| Title of the article/ thesis  |  |
| Form of participation (personal presentation , article publication)  |  |

**For all the questions about the participation in the conference, contact:**

Asfendiyarov Kazakh National Medical University,

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