**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,

International Cooperation Department

Contact tel. / fax: 338-70-46

Е-mail: [icd@kaznmu.kz](mailto:icd@kaznmu.kz)