



**IPPA COURSE
WAITING LIST FORM**

Name

Surname

Country

Address
.....
.....
.....

E-mail address.....

Position

**Please indicate if your paediatric/perinatal practice is Full time/ Part time
(delete as appropriate)**

**Your practice involves:
Paediatric/ perinatal/ adult (delete as appropriate)**

**Please indicate if you had formal training in paediatric and perinatal pathology:
YES/NO (delete as appropriate)**

**If yes, how many years of experience do you have since you finished your
paediatric and perinatal training?**

Date of completion this form:

Please e mail to

PeterKarl.Bode@usz.ch

Your name will be added to the waiting list.