

APPLICATION
of the team participant
of All-Ukrainian Olympiad on Simulation Medicine
with international participation
«TernopilSimOlimp – 2017»
(*Emergency Medicine*)
among the students of higher medical educational institutions

1. The official name of the institution (full name).
2. The chief of the delegation (Surname, Name, Scientific Degree, work position, contact number, e-mail).
3. Team:
 - leader (Surname, Name, Middle Name, Faculty, Course, Group, contact number, e-mail).
 - team member (Surname, Name, Middle Name, Faculty, Course, Group, contact number, e-mail).
 - team member (Surname, Name, Middle Name, Faculty, Course, Group, contact number, e-mail).
 - team member (Surname, Name, Middle Name, Faculty, Course, Group, contact number, e-mail).

If any team member has middle-level medical education, please additionally write down the information about the specialty and medical institution from which team member graduated.

4. Accommodation:
 - number of places for reservation in hotel (2-places room) _____ places;
 - number of places for reservation in sanatorium (4-places room) _____ places.
5. Approximate date of arrival and departure.

We ask to confirm your participation in the Olympiad in any form with indication of phone number and e-mail of contact person **until September 4, 2017** and send the application, information about the date of arrival and departure, confirmation copy of the transfer of participation fee **until September 21, 2017**.

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Respectfully, Organizing Committee