**INTEGRATED VECTOR MANAGEMENT COURSE (June 24-26, 2024)**

**Pre-Registration**

|  |  |
| --- | --- |
| **First and Last Name**  |  |
| **Specialization**  |  |
| **Institution/Address**  |  |
| **City/State**  |  |
| **State/Province**  |  |
| **Personal identification (passport, ID card, other)**  |  |
| **Contact Email**  |  |
| **Contact phone number**  |  |

**Please email this information to:** **marquetti@ipk.sld.cu** **/** **ariamys@ipk.sld.cu**