**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**](mailto:marquetti@ipk.sld.cu) **/** [**ariamys@ipk.sld.cu**](mailto:ariamys@ipk.sld.cu)