

TRI-NATIONAL WORKSHOP ON HEALTH CARE SYSTEMS
Registration Form

Name: _____

Organization: _____

Address: _____

Session Days Attending: _____

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(Please make checks payable to : Stuart School of Business, and note that it is for the tri-national workshop on health care systems)

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Note: Pls send registration forms to:

Attention Professor Nilmini Wickramasinghe
Center for the Management of Medical Technology (CMMT)
Stuart School of Business, IIT
565 W Adams St Suite 406
Chicago, IL 60661

Or fax to:

Attention Professor Nilmini Wickramasinghe at +1 312 906 6578

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