



**SOHAG MEDICAL STUDENTS' ASSOCIATION
(SMSA)
PLASTIC SURGERY WINTER SCHOOL 2010
January, 2010**

Name:
Sex:
Nationality:
Date of Birth:
Passport No:
Date of Expiry:
Medical student since:
Clinical student since:
Medical school:

Student address:
Street
Postal code
City:
Country:
Phone:
Fax:
Email:

Language spoken:

Did you have clinical training before? Which departments?

Did you have clinical training in any surgical department before?

Are you familiar with operative theatre environment?

In which way do you wish the school to be more beneficial to you?
(free suggestion)