

# List of Course Trainers

Date:

Course Title:

Place of the Course:

Number of Trainers:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name | First Name | Title | Hospital or Institution | Country | E-mail |
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Name and Signature of the Course Coordinator:

Date:

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**ARAB SCHOOL OF UROLOGY**

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