



Summer School

“Computational Bio-Medicine”

**Organiza**: Heidelberg Center para América Latina de la Universidad de Heidelberg

Facultad de Medicina y Facultad de Ciencias Físicas y Matemáticas de la Universidad de Chile

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| **DATOS PERSONALES** | | | | | | | | |
| **NOMBRE** |  | | | | **FECHA** | |  | |
| **CÉDULA DE IDENTIDAD** |  | | | | | | | |
| **PROFESIÓN** |  | | | **ESPECIALIDAD** |  | | | |
| **INSTITUCIÓN DONDE TRABAJA** |  | | | | **TEL.** |  | | |
| **DIRECCIÓN PARTICULAR** |  | | | | **TEL.** |  | | |
| **CIUDAD** |  | **PAÍS** |  | | **CÓDIGO POSTAL** | | |  |
| **FAX** |  | **EMAIL** |  | | **EMAIL**  **SECUND** | | |  |
| **¿Cómo se enteró de este curso?** |  |  |  | |  | | |  |

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| **DETALLE DEL PAGO** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MONTO: $** | |  | | | |  | | | | | |  | BOLETA | |  | EFECTIVO | |  |  | |  |  | |  | **TRANSFERENCIA BANCARIA** | |  | CHEQUE | |  |  | |  | BANCO: | |