



HERNIA ESSENTIALS CONVOCAATION FORM

Name: _____

(as you would want it to be printed on certificate).

Institution (workplace): _____

Telephone: _____

Email: _____

APHS Conference Registration Number: _____

I hereby declare that I have completed all the Eligibility requirements of the Hernia Essential program, and paid the necessary fees:

Signature:

Kindly complete and send it to the APHS 2018 organizers at your earliest convenience so that the necessary arrangements can be made: khalil@the-organizers.com, fares@the-organizers.com