



Flexible part-time programme *à la carte*

Registration form

Last name: _____ First name: _____

Place of birth: _____ Date of birth: _____

Passport number: _____

Position: _____

Organization: _____

Personal address: _____

City/Town: _____ Zip code: _____

Country: _____ Telephone: _____

VAT Number: _____ E-mail: _____

Programme:

- International **Master's Degree in Reconstructive Microsurgery**. MRM
- European **Master's Degree in surgical oncology, reconstructive and aesthetic breast surgery**. MRBS
- Diploma in **Breast** Reconstructive Microsurgery
- Diploma in **Head & Neck** Reconstructive Microsurgery
- Diploma in **Genitourinary** Reconstructive Microsurgery
- Diploma in Reconstructive Microsurgery of the **Limb**

Send to Elena.Mohedano@rmes together with **your CV**