



APPLICATION – ON SITE TRAINING DAY

Please fill in the form below and send it to Muriel :
capturethefracture@iofbonehealth.org

Last name		
First name		
Job title		
Institution		
Address		
Email		
Phone number		
Are you already running an FLS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when:
Do you have a policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National
Do you have a business plan approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which particular topic would you like to cover during the training day ?		
Are you a member of a national society? If yes, which one:		

If you are interested in the CTF FLS workshop, contact us at
capturethefracture@iofbonehealth.org