**Course in Forensic Odontology**

**Disaster Victim Identification**

**Organised by**

***Department of Forensic Medicine***

**Aarhus University**

**with the patronage of IOFOS**

**October 17th to October 21st, 2016**



To pre-register please fill out this form and mail it to [dbindslev@forens.au.dk](mailto:dbindslev@forens.au.dk) ***before September 16th***, 2016

**Name:**

**Position, title:**

**E-mail:**

**Full address:**

**Phone, office:**

**Mobile phone:**

*Please note: The number of participants is limited. When you have been pre-accepted you will receive notification and billing information. Your participation is formal when the fee has been paid.*