REGISTRATION FORM

THE 38th BALKAN MEDICAL WEEK
(only in physical format)

5-6th JUNE 2025

FIRST NAME:	**Corina**
FAMILY NAME:	**Iliadi-Tulbure**
WORKING PLACE:	**”Nicolae Testemitanu” State University of Medicine and Pharmacy of the Republic of Moldova**
SPECIALTY	**Obstetrics and Gynecology**
PROFESIONAL DEGREE (RESIDENT, SPECIALIST, PRIMARY PHYSICIAN):	**PhD, Associate professor**
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THIS REGISTRATION FORM SHOULD BE SENT TO THE FOLLOWING EMAIL:
umbalk2025@gmail.com