**KONFIRMASI KEHADIRAN**

**WORKSHOP PEMETAAN DISTRIBUSI DOKTER SPESIALIS ANESTESI**

**JAKARTA, 2-3 SEPTEMBER 2014**

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| Nama | : | ............................................................................................................ |
| Jabatan | : | ............................................................................................................ |
| Instansi | : | ............................................................................................................ |
| Alamat | : | ........................................................................................................... |
|  |  | ........................................................................................................... |
| No. Telepon/HP | : | ............................................................................................................ |
| Kantor | : | ............................................................................................................ |
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| Email | : | ............................................................................................................. |
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Konfirmasi Kehadiran dapat kami terima **paling lambat hari Senin, 1 September 2014** pada alamat:

**Sekretariat Workshop Pemetaan Distribusi Dokter Spesialis Anestesi**

**c/q Sub Bidang Distribusi SDM Kesehatan - Pusren-Gun SDMK**

**Jl. Hang Jebat III/F.3 Kebayoran Baru Jakarta Selatan 12120**

**Telp (021)727-97302, 724-5517 Fax (021) 7258618**

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**Kontak person :**

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| **Dr. Dewi Syafrina ( 081375050618)**  **Irma F. Herman, S.Sos, MKM (081399016003)** |  |