



World Council for Preventive, Regenerative and Anti-Aging Medicine

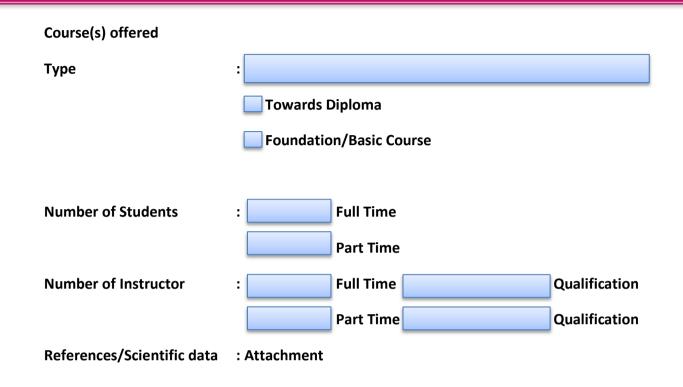
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APPLICATION FOR ACCREDITATION

Basic Information :	
Name of Institution	:
Address	:
Telephone	
Fax	:
E-mail	:
Website	:
Time of the founding	:
Contact person	: Mr. Ms. Mrs. Prof. Dr.
Type of Accreditation	: Clinic/ Practice
	Hospital/Centre
	Hospital/Centre Congress/Seminar
	Congress/Seminar
	Congress/Seminar University/Master/Doctoral
	 Congress/Seminar University/Master/Doctoral Food
	 Congress/Seminar University/Master/Doctoral Food Drug







Declaration :

I represent the Institution to apply for the WOCPM accrediattion. I am willing to fulfill related additional documents required for the accrediation process, and would like to fulfill the setup fee. Our Institution also welcome WOCPM for inspection.

Signature :

Position :

Name :

Date :