

RUNNING BRAHMS TRAINING COURSES

Proposed BRAHMS training course [return completed forms to advisory@brahms.com]

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| Name of person giving the course: | |
| Institutional affiliation of person giving the course: | |
| Name or organization hosting the course: | |
| Location of course: | |
| Course dates: | |
| Number of trainees: | |
| Details of course funding if applicable: | |
| Brief summary of course focus/objectives: | |
| Other notes: | |