**REGISTRATION FORM OF THE MANUSCRIPT**

**FOR AUTHORS**

This format is a record of the submitted article to be evaluated. Please complete the document in its entirety, sign it and send it along with the cover letter, the draft of the manuscript and any other documentation required to the email revistaiics@fumc.edu.co. The list of authors must be presented in the same order that will appear in the publication.

|  |
| --- |
| **TITLE OF THE PAPER** |
| **Main author’s name:**  |
| **Address:** | **City:** | **Country:** |
| **Postal code:** | **Telephones:** | **Mobil:** | **Fax:** |
| **Email (Personal):**  |
| **Email (Institutional):**  |
| **AUTHOR NAMES** | **SINGNATURE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |