

APPLICATION FORM

Regional Workshop on scientific writing skills for young medical scientists

Participant's Details		
Title	Name	Surname
Institution		
Mailing Address	Phone	
	Fax	
	e-Mail	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:
Current Research Level (Please select one)		
Masters: <input type="checkbox"/> PhD: <input type="checkbox"/> Post-doc: <input type="checkbox"/> Early career researcher: <input type="checkbox"/>		
Specify:		
Participant motivation		
Signature:		Date:
Supervisor's approval		
Signature:		Date:
Institution:		
Capacity:		