

ESPE Science School (ESS)

May 16-20, 2012 - Heraklio, Crete, Greece

Supported by an educational grant by **Pfizer Health care**



APPLICATION FOR REGISTRATION

Please type or use block letters and return this form to the Meeting Secretariat:



ERA Ltd., 17, Asklipiou Str. 106 80, Athens - Greece, Tel.: +30 210 3634 944, Fax: +30 210 3631 690, E-mail: info@era.gr Web Site: www.era.gr

PERSONAL INFORMATION

Family name: First name(s):.....

Title: Prof. Dr. Mr. Ms. Date of birth:

Contact Address / University:.....

Hospital: Department:

City: Zip code: Country:

Tel: Mobile Tel. Number: Fax:

E-mail*:.....

Qualifications:

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Current post:

Higher degrees and details:

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Clinical /Basic science training:

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5 most important papers:

1.
2.
3.
4.
5.

Scholarly achievements:

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* Please fill in legibly to avoid time consuming correspondence. **All correspondence will be made via e-mail.**

I do / I do not allow giving my address details to third parties.

In case your application is approved ESS will cover travel and participation costs therefore please fill the below boxes.

TRAVEL INFORMATION	
Departure date/time	
Return date/time	
Airport you wish to depart from	
Airline company you prefer	1st choice:
	2nd choice:
Your air ticket will be issued by ERA LTD and will be sent to you by courier or electronically, up to May 1st, 2012	

ACCOMMODATION INFORMATION

<input type="checkbox"/>	Double room FOR SINGLE USE
Check in date: _____ Check out date: _____	
Notes: _____	

Applications are to include **this letter of application, a CV and a letter by the direct supervisor**, and be submitted to the meeting secretariat by email only, at info@era.gr by January 10th, 2012. Decisions will be announced by January 31st, 2012.

Signature

Date:...../...../.....