

## Application Form

Name:

Address:

Phone:

Fax:

E-Mail:

Date of Birth:

Academic Position:

Main Research or  
Medical Interest:

Degree (aimed at  
or achieved):                      MD                      PhD

I agree that after the meeting my name, mail address and the name of my institute are included in a participant contact list.                      Yes.                      No.

## Additional Requirements

Please provide the following items together with your completed application form:

- a short CV
- a brief description of your current scientific project
- a letter of recommendation from a senior scientist

In case you have any questions, please contact Katrin Schmidt (iARS@ks-katrinschmidt.de).

Please send your complete application documents to: [iARS@ks-katrinschmidt.de](mailto:iARS@ks-katrinschmidt.de)

Payment of the 150 EUR fee will be due after acceptance and has to be transferred to the following banking account:

UniCredit Bank, nám. Republiky 3a, 110 00 Prague 1  
IBAN: CZ93 2700 0000 0000 4939 1006  
Account Number: 49391006 / 2700  
Swift Code: BACXCZPP

