YOUNG INVESTIGATORS FORM

Contact Details Young Investigator

First / Last Name	:	
Professional/Academic Title	:	
Age	:	
MD / PhD date awarded	:	
Email	:	
Workshop/ Meeting	:	
Title submitted Abstract:	:	

Contact Details Supervisor

First / Last Name	:	
Professional/Academic Title	:	
Address	:	
City/State/Zip	:	
Country	:	
Email	:	

I hereby certify that …….. [name] meets the young investigator criteria as stated on the website.

Date:

Signature:

Return this form to Virology Education

either by fax (+31 30 2307148) or by email (info@virology-education.com)