The 7th Congress of the European Academy of Paediatric Societies

Paris, France | October 30-November 3, 2018

EBN Courses October 29-30, 2018
APPLICATION FORM

Please PRINT/TYPE in BLOCK LETTERS and Email to:

Dr. Tomasz Szczapa, E-mail: ebn-courses@espr.eu

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ First Name _____ Initials _____ Year of birth [YYYY] _____

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms

Mailing Address ☐ Office ☐ Residence

Institute _____ Dept. _____

No. _____ Street _____ Suite/Apt. _____

City _____ State/Province _____ Country _____ Postal code _____

Telephone (office hours):Country code/city code/number _____ Fax: Country code/city code/number _____

E-Mail Address _____

Application for EBN Course

EBN Course	Rate
I would like to register for: * Neuromonitoring, neuroimaging and neuroprotective strategies in critically ill new-borns - Monday, October 29, 2018	□ **€ 150**
I would like to register for: * Disease specific strategies of respiratory support - Tuesday, October 30, 2018	□ **€ 150**
I would like to register for both: *EBN Courses	□ **€ 200**

*In order to apply to the courses, the following documentation is required to be sent together with this form:

o One page letter of motivation
o Curriculum Vitae - Your CV should include the following details (in 1 page):
- Personal details
- Center of training in Pediatrics and dates
- Center of training in Neonatology and dates
- Years of clinical experience in Neonatology
- Involvement in clinical projects (projects and participation)
- Involvement in research projects (projects and participation)
- Publications (max. 3)

Please send the documents to Dr. Tomasz Szczapa: **ebn-courses@espr.eu**
* Kindly note that the last day for the application to be submitted is **September 30th, 2018**

Registration to the course is subject to application approval. Applicants will be notified by e-mail regarding acceptance into the course and will then be sent the EBN Course online registration form to complete payment.

Signautre: _____ Date: _____
*By signing this form, should your application be approved, you agree to pay for the above selected EBN Course(s) .