# EFLM1EFLM bursary application form to attend the EuroMedLab 2017 Athens Congress

# <http://www.athens2017.org/>

*Please send this form as DOC or PDF file (no jpg or other formats)*

**PERSONAL INFORMATION**

Name and Surname:
Date of birth:

Place of birth:

Citizenship:

Permanent address:

Job Address:

Telephone:

e-mail:

**Number of accepted abstracts presented as First Author:** ......

*(if accepted as oral communication, please indicate it)*

**WORK EXPERIENCE** *(starting from the current position)*

......

**EDUCATION AND TRAINING** *(starting from the more recent one)*

......

**PRESENTATIONS AT NATIONAL/INTERNATIONAL CONGRESSES** *(if none, please indicate “None”)*

......

**MEMBERSHIPS** *(if none, please indicate “None”)*

......

**LIST OF PUBLICATIONS** *(if none, please indicate “None”)*

*Each article or abstract should be cited as recommended in CCLM ‘Instruction for authors’*

***Papers in International Journal -*** *Please also indicate the Impact Factor (IF) when applicable.*

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***Papers in Domestic journal -*** *Please also indicate the Impact Factor (IF) when applicable.*

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***Abstracts in International Journal***

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***Abstracts in Domestic Journal***

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**AWARDS** *(if none, please indicate “None”)*

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**ANY FURTHER INFORMATION THAT YOU WISH TO MENTION**

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