COST Action CA16118

2nd Neuro-MIG Training Course

14- 15th December 2018, Novi Sad

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| Title (Mr/Mrs/Ms/Dr) etc: |  |
| Family name: |  |
| Given (first) name: |  |
| Birth Date & Place: |  |
| Affiliation Address and phone number |  |
| Professional educational qualification (last degree / year / University): |  |
| Current job title (residency / PhD / other): |  |
| Describe the reason for your application and how the result will benefit you (max 150 words): |  |
| Telephone number (mobile): |  |
| Email address: |  |
| *In order to help us to meet if specific dietary requirements are needed (health or religious reasons), please specify:* *In case of urgent matters whom to be contact (name and phone):* |  |