

**COST Action CA16118**

**3rd Neuro-MIG Training Course**

Victor Babes National Institute of Pathology

March 5-6, 2020 Bucharest,Romania

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| **Title (Mr/Mrs/Ms/Dr)** |  |
| **Family name** |  |
| **Given (first) name** |  |
| **Birth Date & Place** |  |
| **Nationality** |  |
| **Professional educational qualification**  **(last degree / year / University)** |  |
| **Current affiliation and job title**  **(residency / PhD / other)** |  |
| **Brief intend** (Please describe how you will benefit from the course and how will it impact your future studies / work) (max 250 words): |  |
| **Telephone number (GSM):** |  |
| **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 contact: (name, GSM, email )** |  |