

ESPR 2018

Application form ESPR Junior Grants

54th Annual Meeting & 40th Post Graduate Course



Please note that incomplete forms will not be considered

Firstname:
Lastname:
Street and Street nr.:
ZIP Code and Country:
Email:
Telephone number:
Nationality:
Date of Birth:
Year of Medical degree graduation:
University attended:
Current appointment/position:
Current full work address:

Registered address:

ESPR – European Society of Paediatric Radiology
Hôpital du Kremlin Bicêtre | Paediatric Radiology Department
78 rue du Général Leclerc | 94275 Le Kremlin Bicêtre Cedex | Paris | France

Contact address:

ESPR – European Society of Paediatric Radiology
Neutorgasse 9/2 | 1010 Vienna | Austria
Phone +43 1 5334064 – 511 | office@espr.org

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Please list here your full work experience post-graduation (most recent first):

Are you still in formal radiology training?

- YES
- NO

Years of radiology training?

Radiology degree or diploma? (if any)

Date of obtaining this higher degree/diploma?

Years of training experience in Paediatric Radiology? (if any)

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Name of current training coordinator/supervisor/director responsible person for your training (please ask this person to write an official letter confirming your training status and attach the letter to this form):

Address of training supervisor:

Email address of training supervisor:

Are you submitting any abstracts to ESPR 2018?

- YES
- NO

Titles of abstract(s) if any?

Have you received an ESPR junior grant before?

- YES
- NO

If yes, when?

2011/2012/2013/2014/2015/2016/2017

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Summarise your commitment to paediatric radiology:

Statement of intent (Why should the ESPR support your attendance to ESPR 2018?)

I agree I have read the conditions and criteria for eligibility for an ESPR grant and confirm all the above to be true.

Signature: _____

Date: _____

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