



Application Form
WSPID 2019 Research Workshop:
Conducting and Presenting Your Pediatric Infectious Disease Research

Surname

First (given) name

E-mail address

Title/ Degree(s)

Year awarded medical degree

Current main institution/place of work or study

Current city

Current country where located

Current position

Specialty

Other:

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Submitting an abstract to WSPID Congress 2019

Abstract to be considered for Research Workshop

Title of abstract to be submitted to WSPID 2019

Have you previously attended research training?

Other:

Presented a poster at a previous WSPID meeting

Oral presentation at a previous WSPID meeting

Presented a poster at a previous international research meeting

Oral presentation at a previous international research meeting

Level of spoken English

Please note the following information is to tell us more about the attendees and is will not be used to select applicants for the workshop

Do you have a higher degree/postgraduate qualification?

Other:

Have you published paper(s) in scientific/medical journals?

Please briefly outline your current or planned research in P @) (Max 4 dot points/lines)

