

**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)**