



2017 LASID summerschool - Application Form.

Last name:

First name:

Title:

Citizenship:

Date of Birth:

Sex: M / F
(Please circle)

Institution:

Work address:

Mailing code:

City:

Country:

Work telephone:

Home address:

Mailing code:

City:

Country:

Home telephone:

e-mail:

mobile phone:

Background: *(Please select)*

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Laboratory Immunology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Allergy / Immunology (Adult) |
| <input type="checkbox"/> Clinical Immunology | | |
| <input type="checkbox"/> Other: <i>(Please give details):</i> | | |

Please attach with your electronic application:

- Applicant's Personal Statement of career goals and reasons for attendance to summer school
- Curriculum vitae
- Letter of recommendation
- Case of PID for discussion. Maximum 5 Power Point slides.

e-mail your completed application form & attachments until 01/26/2017 To email lasid.edu.com@gmail.com