



Registration/ Application Form

ESCV Workshop on Hepatitis 29th and 30th May, 2018

Hvidovre Hospital, Copenhagen, Denmark

Name/Title:.....

Email:

ESCV Members:

Membership number.....

I confirm that I have paid my ESCV subscriptions for 2017-18

Please tick

Role/Job title:.....

Department/Institute:.....

Address:.....

.....

Phone number:.....

Do you wish to apply for a meeting bursary?

Y/N

Delete one

Please provide a short summary of why attendance at this workshop would be beneficial to you:

Please provide a tittle for a short presentation (i.e. clinical case, outbreak, diagnostic issue, surveillance), and describe in three sentences what you would like to present:

Completed applications should be returned to: TravelGrant.escv@kenes.com by Monday 27th March 2018