



Registration/ Application Form

ESCV Workshop on Enterovirus infections

22nd and 23rd March, 2017

The Town Hall, Oxford, UK

Name/Title:.....

Email:

ESCV Members:

Membership number.....

I confirm that I have paid my ESCV subscriptions for 2016-17

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: heli.simmonds@hotmail.com and Caroline Jager c.b.m.b.jager@umcg.nl By Monday 6th February 2017