

**5th Advanced International Course:**

**Clinical Epileptology**

**August 24 – 29, 2015**

**APPLICATION FORM**

Please e-mail to [mujie2010@foxmail.com](mailto:mujie2010@foxmail.com) before July 25th, 2015

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| --- | --- | --- | --- | --- |
| **First name:** | | **Last (Family) name:** | | |
| **Nationality:** | | **Age:** | | **Gender:** |
| **Current position:** |  | | | |
| **Contact address:** |  | | | |
| **E-mail:** |  | | | |
| **Home telephone:** |  | | | |
| **Work telephone:** |  | | | |
| **Fax:** |  | | | |
| **Specialty/degree:** |  | | **Obtained in year:** | |

**Registering fee：$1000.00（￥6000.00）**

**Accommodation in single room: $80.00（￥480.00）/day**

**Accommodation in twin-bedded room : $40.00（￥240.00）/day**

**Dietary: $25.00（￥150.00）/day**

**If you have other requests, please write down in the box below**

**Please make sure that you keep us updated of any changes in your application.**