

**5th Advanced International Course:**

**Clinical Epileptology**

**August 24 – 29, 2015**

**APPLICATION FORM**

Please e-mail to mujie2010@foxmail.com before July 25th, 2015

|  |  |
| --- | --- |
| **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.**