**Application Form**

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| **Last name: First name: Title:** |
| **Citizenship: Date of Birth: Sex: M / F** *(Please circle)* |
| **Institution:****Work address:****Mailing code: City: Country:**  |
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| **Personal e-mail:****mobile phone:** |
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| **Background:** *(Please select)** Pediatrics 🞏 Rheumatology 🞏 Laboratory Immunology
* Internal Medicine 🞏 Hematology 🞏 Allergy / Immunology (Adult)
* Clinical Immunology
* Other: *(Please give details):*
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| **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.
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| **Please e-mail your completed application form & attachments until 15/12/2020 to lasid.edu.com@gmail.com** |