**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):* |
| **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. |
| **Please e-mail your completed application form & attachments until 15/12/2020 to lasid.edu.com@gmail.com** |