**YOUNG INVESTIGATORS FORM**

|  |
| --- |
| **Contact Details Young Investigator** |
| First Name, Last Name | : |  |
| Professional/Academic Title | : |  |
| Age  | : |  |
| Master/ PharmD/ PhD date (will be) awarded | : |  |
| Email | : |  |
| Conference | : | Asia-Pacific AIDS & Co-Infections Conference (APACC) 2022 |
| Title submitted Abstract: | : |  |
|  |  |

|  |
| --- |
| **Contact Details Supervisor** |
| First Name, Last Name | : |  |
| Professional/ Academic Title | : |  |
| Address | : |  |
|  |  |  |
| City/ State/ Zip | : |  |
| Country | : |  |
| Email | : |  |

**I hereby certify that ………………………………….…. [name of applicant] meets the young investigator criteria as stated on the website.**

**Date:**

**Signature:**

**Return this form to Virology Education by email to** **yeening.tham@amededu.com.**