**Early-Career Researcher / Clinician /**

**Advocate / Investigator Form**

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| --- | --- | --- |
| **Contact Details** | | |
| First Name / Last Name | : |  |
| Professional / Academic Title | : |  |
| Age | : |  |
| MD / PharmD / PhD date (will be) awarded | : |  |
| E-mail | : |  |
| Workshop / Meeting | : | International Workshop on Clinical Pharmacology of HIV, Hepatitis and Other Antiviral Drugs 2023 |
| Title Submitted Abstract: | : |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Contact Details Supervisor** | | |
| First Name / Last Name | : |  |
| Professional / Academic Title | : |  |
| Address | : |  |
|  |  |  |
| City / State / Zip Code | : |  |
| Country | : |  |
| E-mail | : |  |

**I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the Early-Career Researcher / Clinician / Advocate / Investigator criteria as stated on the website.**

**Date:**

**Signature:**

**Return this form to Academic Medical Education / Virology Education by email to** [**Daria.Bohdanova@amededu.com**](mailto:Daria.Bohdanova@amededu.com)