**YOUNG INVESTIGATORS FORM**

|  |
| --- |
| **Contact Details Young Investigator** |
| First / Last Name | : |  |
| Professional/Academic Title | : |  |
| Age  | : |  |
| MD / PhD date awarded | : |  |
| Email | : |  |
| Workshop/ Meeting | : |  |
| Title submitted Abstract: | : |  |
|  |  |

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

**I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the young investigator criteria as stated on the website.**

Date:

Signature:

Return this form to Virology Education

by email: magdalena@amededu.com