**Early-Career Researcher / Clinician /**

**Advocate / Investigator Form**

|  |
| --- |
| **Contact Details** |
| First Name / Last Name | : |  |
| Professional / Academic Title | : |  |
| Age  | : |  |
| MD / PhD date awarded | : |  |
| Email | : |  |
| Workshop / Meeting | : | International Workshop on Clinical Pharmacology of HIV, Hepatitis, and Other Antiviral Drugs 2022 |
| Title submitted Abstract: | : |  |
|  |  |

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

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

Date:

Signature:

**Return this form to Virology Education by email to** **eva.vamvounaki@amededu.com**