**MOTIVATIONAL LETTER FORM**

|  |
| --- |
| **Contact Details**  |
| First Name, Last Name | : |  |
| Professional / Academic Title | : |  |
| Age  | : |  |
| Master / PharmD / PhD / MD date (will be) awarded | : |  |
| Email | : |  |
| Workshop / Meeting | : | International Workshop on HBV Cure 2024 |
| City / State / Zip Code | : |  |
| Country | : |  |
|  |  |

|  |
| --- |
| **Motivational Letter (100 words)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Date:

Signature:

**Return this form by email to Dominika Balounová at** **dominika.balounova@amededu.com****.**