

EARLY CAREER INVESTIGATORS/ ACADEMIA FROM RLS FORM

Contact Details

First Name, Last Name : _____
Professional/Academic Title : _____
Age : _____
Master/ PharmD/ PhD date
(will be) awarded : _____
Email : _____
Workshop/ Meeting : Artificial Intelligence in Infectious Disease Workshop
2024
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 Early career investigators / Academia from Resource-Limited Settings criteria as stated on the website.

Date:

Signature:

Return this form to Virology Education by email to federica.ressa@amededu.com