**Early-Career Researcher / Clinician /**

**Advocate / Investigator Form**

|  |  |  |
| --- | --- | --- |
| **Contact Details** | | |
| First Name / Last Name | : |  |
| Professional / Academic Title | : |  |
| Age | : |  |
| MD / PharmD / PhD date (will be) awarded | : |  |
| E-mail | : |  |
| Workshop / Meeting | : | LAAI 2025 |
| 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** [**Michelle.Wu@amededu.com**](mailto:Michelle.Wu@amededu.com)