**Motivational Letter Form**

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| **Contact Details** | | |
| First Name / Last Name | : |  |
| Professional / Academic Title | : |  |
| Age | : |  |
| MD / PharmD / PhD date (will be) awarded | : |  |
| E-mail | : |  |
| Workshop / Meeting | : | LAAI 2025 |
| City / State / Zip Code | : |  |
| Country | : |  |
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| **Motivational Letter (100 words)** |
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**Date:**

**Signature:**

**Return this form to** **Academic Medical Education / Virology Education by email to** [**Michelle.Wu@amededu.com**](mailto:Michelle.Wu@amededu.com)