



WITH AN UNRESTRICTED EDUCATIONAL GRANT FROM



Deadline for application: Friday 11th May, 2007

Please email this form to grant-europcr@europa-organisation.com

AND fax page 3/3 to +33 5 34 45 26 46

Awards announcement on Tuesday 22nd May at EuroPCR07

APPLICATION FORM FOR EUROPCR07 RESEARCH & TRAINING FELLOWSHIP IN ENDOVASCULAR PERIPHERAL INTERVENTION

APPLICANT'S GENERAL INFORMATION

First name:

Last name:

Date of birth (mm/dd/yy):

Age:

Language(s) spoken by the applicant (including the degree of fluency):

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Insurance status (sickness and accident):

DETAILED ADDRESSES

1. Home

Address:

Postcode:

City:

Country:

2. Work

Institution:

Address:

Postcode:

City:

Country:

3. Current position

FOR CORRESPONDENCE REGARDING THE APPLICATION

Contact me at (please check 1 address):

Home address

Work address

Daytime phone number (including international code): +

E-mail:

SELECTED SITE FOR EUROPCR FELLOWSHIP

Only 1 choice possible: check the selected centre:

Herz-Zentrum Bad Krozingen, Angiology

Gruppo Villa Maria Endovascular

Universität Leipzig Herzzentrum



PERIOD FOR WHICH THE FELLOWSHIP IS REQUESTED

Starting date (mm/dd/yy):
Termination date (mm/dd/yy):

YOUR MOTIVATION FOR THIS FELLOWSHIP

STATE BRIEFLY THE CONSIDERATIONS THAT LED YOU TO CHOOSE THE SELECTED CENTRE:

DESCRIBE BRIEFLY THE PROPOSED RESEARCH AND/OR TRAINING OBJECTIVES AND YOUR EXPECTATIONS:

NAMES OF COLLEAGUES/MENTORS WHO ARE SUPPORTING YOUR APPLICATION (OPTIONAL):

(Letters of support/endorsement can be included)

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MAJOR PUBLICATIONS IN PEER REVIEW

FULL PAPERS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

ABSTRACTS:

- 1.
- 2.
- 3.
- 4.
- 5.

