Early Career Investigator Form

|  |  |  |
| --- | --- | --- |
| **Contact Details Young Investigator** | | |
| Last Name, First name | : | Click or tap here to enter name (e.g.: Smith, John) |
| Professional/Academic Title | : | Click or tap here to enter title |
| Age | : | Click or tap here to enter age |
| MD / PhD date awarded | : | Click or tap to enter a date |
| Email | : | Click or tap here to enter email address |
| Workshop/ Meeting | : | Innovations in SLD Care Think-Tank 2024 |
| Title submitted Abstract: | : | Click or tap here to enter full text of submitting abstract (if applicable) |

|  |  |  |
| --- | --- | --- |
| **Contact Details Supervisor** | | |
| Last Name, First name | : | Click or tap here to enter name (e.g.: Smith, John) |
| Professional/Academic Title | : | Click or tap here to enter title |
| Address | : | Click or tap here to enter address |
| City/State/Zip | : | Click or tap here to enter zip/post code |
| Country | : | Click or tap here to enter country |
| Email | : | Click or tap here to enter email address |

**I hereby certify that** Click or tap here to enter name of applicant **meets the early-career investigator criteria as stated on the website.**

**Date:** Click or tap to enter a date.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return this form by email to Dominika Balounova at [dominika.balounova@amededu.com](mailto:dominika.balounova@amededu.com)