###### International Online Course on Pathogenesis of Epilepsy

Please, complete the form, sign, scan and send to: pavla.byrne@lfmotol.cuni.cz latest by 13th December 2022.

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| --- | --- |
| Surname: |  |
| First name (s): |   |
| Title:  |  |
| Date of birth: |   |
| Citizenship  |  |
| Permanent address (*street, street number, town, ZIP code, country):* |    |
| Email: |   |
| Mobile: |  |
| Home university / institution: |  |
| Web page of my home university / institution:  |  |
| Field of my study / department I work at: |  |
| My position at home university / institution (*if you are student state level of your study):* |  |

**List of Attachments** – as a part of my application I submit:

1) My CV in English

2) Short Motivation Letter – in English, max. 1 page A4 format

Date: Signature: