Email completed application to info@epns.info

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | First  Name |  | | | Last Name |  | | |
| **Further authors (list all)** | | | | | | | | | |
| Title |  | First  Name |  | | | Last Name |  | | |
| Work Address  (in full – including institute and department name) | | | |  | | | | | |
| Country | | | |  | | | | | |
| Email Address | | | |  | | | | | |
| **Working Group (only one):**   * Autoimmune inflammatory diseases * Movement disorders * Neurometabolic * Stroke * Ataxia * Epilepsy * Neonatal Neurology & Developmental Neurology * Neuromuscular | | | |  | | | | | |
| Title of Abstract  (short and significant) | | | |  | | | | | |
| Please insert your abstract here. Maximum word count is 200 words (including spaces & excluding the abstract title and references) | | | |  | | | | | |
| I am a fully paid member of the EPNS **mandatory** | | | | | | | | Yes/No |
| I have read and I accept the Conditions and Guidelines [CLICK HERE](https://www.epns.info/wp-content/uploads/2021/05/EPNS-Research-Meeting-2021-abstract-submission-CONDITIONS-AND-GUIDELINES-BP.pdf) | | | | | | | | Yes/No |
| I confirm that, to the best of my knowledge, all of the information I have provided in this application represents a true and accurate statement. | | | | | | | | Yes/No |
| **Applicant Name (signature not required):** | | | | | | | |  |
| **Date** | | | | |  | | | |