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** |  |