**Personal Data:**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Affiliation  |  |
| Home Country (must be in a European Country, WHO definition:<http://www.euro.who.int/en/countries> |  |
| Email Address |  |
| I attach a copy of my photograph. (mandatory) | Yes / No |
| I am a European physician trained in paediatric neurology whose main clinical and/or main research activity is in the field of paediatric neurology? (mandatory) | Yes / No |

**CV: Combined 250 words maximum in the 3 sections in TOTAL.**

**Words exceeding the limit will not be used in the election.**

|  |  |
| --- | --- |
| Training:   |  |
| Fields of clinical and research interest: |  |
| Memberships: |  |

**Short Statement: 200 words maximum. Words exceeding the limit will not be used.**

|  |  |
| --- | --- |
| **Include:**1. Why do you want to become a member of the EPNS board? 2. What is your vision/plan for the EPNS? |  |

**Return completed form in a Word Document format, with photo to** **info@epns.info**