**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**](mailto:info@epns.info)