

### Application Form

Name:

Address:

Phone:

Fax:

E-Mail:

Date of Birth:

Academic Position:

Main Research or  
Medical Interest:

Degree (aimed at  
or achieved):                      MD                      PhD

I agree that after the meeting my name, mail address and the name of my institute are included in a participant contact list.                      Yes.                      No.

### Additional Requirements

Please provide the following items together with your completed application form:

- a short CV
- a brief description of your current scientific project
- a letter of recommendation from a senior scientist

In case you have any questions, please contact Katrin Laatsch (contact@atherosclerosis-school.org).

Please send your complete application documents to  
Katrin Laatsch, contact@atherosclerosis-school.org

In case of acceptance, there is a participation fee of 150 EUR which is due after acceptance. Bank details will be provided together with the letter of acceptance to this year's school.

The application deadline is May 23<sup>rd</sup>, 2016.