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| **Ⅳ** | **APPLICATION FORM** |

**Deadline for application: March 31, 2020**

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| First name: | | Last (Family) name: | | |
| Nationality: | | Year of birth: | | Gender: F M |
| Current position: |  | | | |
| Contact address/  affiliation |  | | | |
| E-mail: |  | | | |
| Telephone |  | | | |
| Fax: |  | | | |
| Specialty/degree: |  | | Obtained in year: | |

\* Please describe briefly why you would like to apply to this Fellowship Program:

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Please send **the application form, a short** **curriculum vitae**, **a list of publication** and **abstract for presentation** in KES annual meetingas well as **a letter of recommendation** to the email address below:

[epilepsy@kes.or.kr](mailto:epilepsy@kes.or.kr)

Secretary, Korean Epilepsy Society