



## Application Form ENS Fellowship 2010

Applicant's name \_\_\_\_\_

Applicant's address \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Address of actual  
working institution \_\_\_\_\_

**Project description to be enclosed and formatted as follows: title, background, aim, methods, results to be expected, importance of project, timetable, references (maximal length 5-6 pages)**

Address of host institution  
and responsible host \_\_\_\_\_

Desired duration  
of the fellowship  
(max. 6 months) \_\_\_\_\_

Anticipated date of  
beginning/end of fellowship \_\_\_\_\_

**To be enclosed:**

1. C.V.
2. Project description according to requested format (see above)
3. Letter of acceptance of host institution
4. List of scientific papers presented at ENS Meetings (applicant, host or originating institution)
5. Copy of attendance certificate of at least one ENS Meeting
6. Copy of identity card

*Please send the original and 5 copies to the following address:*

Prof. Andreas Steck  
European Neurological Society  
Association House  
Freie Strasse 90, P.O Box  
4002 Basel / Switzerland

**Deadline for submission: May 14, 2008 (date of receipt)**