



EADO European Association of Dermato Oncology

**EADO RESEARCH FELLOW
APPLICATION FORM**

Basic Information of applicant

Last Name: _____

First Name: _____

Sex : M/F: _____

Birth date: _____

Current position: _____

Address:

E-mail : _____

Phone : _____

EADO member: YES/ NO

Current institution (if resident or fellow employed at a medical center/ hospital/ university)

Name: _____

Head: _____

Address:

E-mail : _____

Phone : _____

Host Institution (EADO Center the applicant wishes to apply for)

Name: _____

EADO Center Head : _____

E-mail : _____

Duration of fellowship (1-3 months): _____

Preferred month(s) within 2017: _____

Previous experience in Dermato-Oncology (please describe in less than 100 words any previous experience in Dermato-Oncology, i.e., training during residency, congresses or courses attended, thesis, publication or abstracts in congresses)

* Please attach the following documents:

1. Brief CV
2. Agreement letter by Head of Department or employer allowing the Fellow to participate at the EADO Research Fellowship Program for the duration applied for

Please send all relevant forms to Mrs. Melanie Maschino (info@eado.org)

Deadline of Submission : October 21st, 2016