

FELLOWSHIP SCHOLARSHIP REGISTRATION FORM

Kindly send the application package, with all documents scanned and compiled into one PDF file, by 9 June 2019 to l.klos@cme4u.org. Please name the file as 'Full Name_Fellow Scholarship Application_CICT2019'.

Your application can only be processed if your application materials are complete.

Personal Information

Surname:

First Name:

Address:

Phone/Mobile:

Email:

Qualifications and Current Position

Specialty (tick as appropriate):

- Interventional Cardiology
- Interventional Radiology
- Vascular Surgery

Name of Residency Program:

Name of Residency Director:

Institution/Hospital:

City and Country:

Completion Date:

Please attach to this form the following documents and return to l.klos@cme4u.org, no later than 9 June, 2019:

- Curriculum Vitae (CV)
- Letter of Interest – stating your career goals and how attending CICT 2019 would help you to achieve these goals