



**Registration Form**  
**Munich Training School**  
**ENTeR-child**  
**(COST Action CA 16125)**  
**February 2018**

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:**

Street No.: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

**I will join the Training School:**

**The Case and cohort preparation Seminar (for interested young investigators)**

Wednesday, 14<sup>th</sup> February to Thursday, 15<sup>th</sup> February 2018

**The Core Meeting**

Thursday, 15<sup>th</sup> February to Saturday, 17<sup>th</sup> February 2018

**Travel grant**

Do you want to apply for a COST action (CA 16125) travel grant?

\_\_\_\_\_  
**Date, Signature**

Please send the application form back to Munich by Email: [child-eu-office@med.uni-muenchen.de](mailto:child-eu-office@med.uni-muenchen.de) **UNTIL 15<sup>th</sup> January 2018**