

### Application Form

Last Name:

First Name:

Address:

Phone:

E-Mail:

Date of Birth:

Academic Position:

Main Research or  
Medical Interest:

Degree (aimed at  
or achieved):

MD

PhD

Gender:

male

female

I agree that after the meeting my name, mail address, and the name of my institute are included in a participant contact list.                      Yes.                      No.

### Additional Requirements

Please provide the following items together with your completed application form:

- a short CV
- a brief description of your current scientific project
- a letter of recommendation from a senior scientist

In case you have any questions, please contact Katrin Laatsch (contact@atherosclerosis-school.org).

Please send your complete application documents to  
Katrin Laatsch, contact@atherosclerosis-school.org

In case of acceptance, there is a participation fee of 150 EUR which is due after acceptance. Bank details will be provided together with the letter of acceptance to this year's school.

The application deadline is May 15<sup>th</sup>, 2017.

iARS - International Atherosclerosis Research School

Location of the Meeting: Hotel Nosál, U Michelského lesa 1157, Prague 4 –Křč 140 00, Czech Republic

Organisers

Michal Vrablík (Prague, Czech Republic) and Alexander Laatsch (Hamburg, Germany)



Under the auspices of the

ČSAT

Česká společnost pro aterosklerózu

Czech Atherosclerosis Society