

## FREE REGISTRATION APPLICATION FORM

Please fill out in readable printing. Unreadable and requests not fully completed will not be taken into consideration. All fields are required.

### Applicant

First name (given name)	
Last name (family name)	
Institution	
Country	
E-mail address	
Contact phone number	
Website of institution	

### Current position (choose one)

	Early career professional (< 35 yrs)
	Clinician
	Researcher
	Community representative
	Other

### Area of expertise

	HIV
	Transgender health
	Other

### Motivation

Please describe in a few words your motivation to attend this meeting

## Benefits

Please explain in a few words how the conference will benefit yourself, your organization and your community

## Sharing knowledge and skills

Please describe in a few words how you are going to share the knowledge and skills with colleagues after your

Please submit the filled application form together with the other requested documents to Ms. Victoria Sarasola at [victoria@vironet.com](mailto:victoria@vironet.com) before 20 June 2019.

Successful applicants will be sent registration instructions within one week after the application submission. The results are not subject to discussion.

For other information please contact Ms. Victoria Sarasola at [victoria@vironet.com](mailto:victoria@vironet.com).

**Please note that Virology Education is UNABLE to provide visa letters or travel support for this meeting**