

**International League against Epilepsy**  
Commission on European Affairs/ European Advisory Council  
**Lega Italiana Contro l'Epilessia**

**5<sup>th</sup> Migrating Course on Epilepsy**  
**May 29<sup>th</sup> – June 4<sup>th</sup>, 2011**  
**Roma, Italy**

<b>Application Form</b>
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This form will be sent automatically to: **manuela.morandini@ptsroma.it**, **njjovic@eunet.rs**,  
**federico.vigevano@opbg.net**

**Deadline for application: March 1, 2011**

First name*:	Last name*:
Country*:	
Year of birth*:	Gender*: <input type="checkbox"/> F <input type="checkbox"/> M
Current position*:	
Contact address*:	
E-Mail*:	
Home telephone:	
Work telephone*:	
Fax:	
Specialty/degree*:	Obtained in year*:
Title of the case report 1*:	
Title of the case report 2*:	
Video case report*: <input type="checkbox"/> Y <input type="checkbox"/> N	Notes:

**NB: Only one CEA or ILAE bursary per year is possible per person.**

Do you wish to apply for financial support (please check)*:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you able to participate <i>without</i> this financial support:	<input type="checkbox"/> Y	<input type="checkbox"/> N
I confirm that I have not been granted another bursary from the CEA or ILAE for the year 2010*:	<input type="checkbox"/> Y	<input type="checkbox"/> N
I have applied for another bursary from the CEA or ILAE in the year 2010*:	<input type="checkbox"/> Y	<input type="checkbox"/> N

If yes, for what course(s):

If you apply for financial support, please justify your request in the box below:

Applicants will be informed of the outcome of their application by **April 1, 2011**.

\*Compulsory fields