**Form JGPA1**

**Application of FAOPS2019-JGP Poster Award**

**in the 9th FAOPS Congress**

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| Information of applicant | | | |
| Male/Female | First Name | Middle Name | Family Name |
|  |  |  |  |
| Institution |  | | |
| Position (please leave correct one by deleting other choices) | Undergraduate / Graduate / Postdoctoral fellow / Young faculty | | |
| Nationality |  | | |
| Year of PhD acquisition if applicant is not a student |  | | |
| Contact information | | | |
| Address (either home or office) |  | | |
| Email | Please indicate email address for accessing directly applicant during the conference period.(multiple email addresses can be described) | | |
| Abstract registration number |  | | |
| The title of submitted abstract |  | | |