**Form JGPA1**

**Application of FAOPS2019-JGP Poster Award**

**in the 9th FAOPS Congress**

|  |
| --- |
| 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 |  |