

August 17<sup>th</sup> - 22<sup>nd</sup>, 2013

### Application Form

Name:

Address:

Phone:

Fax:

E-Mail:

Date of Birth:

Academic Position:

Main Research or  
Medical Interest:

Degree (aimed at  
or achieved):                      MD                      PhD

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. The bank details will be provided together with the letter of acceptance to this year's school.

iARS - International Atherosclerosis Research School  
Location of the Meeting: Hotel Nosál, U Michelského lesa 1157, Prague 4 –Krč 140 00, Czech Republic

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



Application for  
endorsement/support submitted

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ATHEROSCLEROSIS  
SOCIETY