

**ISMCS 2024**

30th Congress of the International Society for Mechanical Circulatory Support

**APPLICATION FOR TRAVELLING FELLOWSHIP**

**Instructions: The application form should be filled in completely and accurately.**

**The information requested should be either typed or written in ink in block capitals.**

**When additional space is needed, a separate sheet should be used and attached in copies.**

**Application form submitted to:** The 30th Annual Meeting Secretariat

**Mail:** ismcs2024@totalriver.co.jp

**A. Background data concerning the candidate**

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| --- | --- | --- | --- | --- |
| **Abstract Number:** | | | | |
| **Family name (surname)** | **First name and middle name** | | **Nationality** | **Sex** |
| **Place of work**  **Business address** | | **TEL:**  **FAX:**  **E-mail:** |  | |
| **Mailing address (if different from above)** | | **TEL: (if different from above)**  **E-mail:** | | |
| **Date of birth** | | **Country and place of birth** | | |

**B. Education**

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| **Name, place and country of educational establishments** | **Degrees, diplomas**  **Indicate main subjects** | **Date obtained** |
| **Post-secondary, university, or equivalent** |  |  |
| **Post-Graduate school (if applicable)** |  |  |

**C. Post-graduate training**

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| **Institution and subspecialty** | **Term** |
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