

Application
“Methods in Growth and Growth Disorders”
Stockholm, Sweden
May 25-29, 2009

Name: _____

Position: _____ Department: _____

Hospital: _____

Hospital Address: _____

Phone: _____ Fax: _____

E-mail: _____

Enclosed letter of recommendation from Program Director: _____

Short Description of your education/experience in pediatric endocrinology:

Years of pediatric training after medical school: _____

General pediatrics _____ years

Clinical pediatrics endocrinology: _____ years with _____ % of working hours

RESEARCH TRAINING: Yes/ No

Clinical research: _____ years with _____ % of working hours

Laboratory research: _____ years with _____ % of working hours

Career intentions: _____

Please include your short curriculum vitae (in NIH Biosketch Format) and bibliography as well as letter(s) of recommendation. The Program Director's letter of reference should be approximately one page in length and include:

- 1) the trainee's year of fellowship and clinical expertise
- 2) a description of the trainee's research project and role in it
- 3) trainee's career prospects and leadership abilities
- 4) other Karolinska courses attended

Applicants must be a member of LWPES to be considered for this award.

The application form should be received no later than 12:00 pm EDT APRIL 10, 2009

Mail/fax to:

LWPES
6728 Old McLean Village Dr
McLean, VA 22101
Phone: (703) 556-9222 Fax: (703) 556-8729
info@lwpes.org