

Workshop Synapses and Circuits 2015

1. Biographic Information

Name (Last, First):

E-mail Address:

Date of Birth:

Nationality:

2. Profile and Qualifications

Current Position:

Institution:

Education Level (degree and institution):

Research Area of Interest:

3. Particular interest in this course.

Please briefly (300 words max.) describe your current research or technical activities and your expectations for this course. –

Are you following a Graduate Program to obtain a Ph.D.? If so, indicate your expected date of graduation

Would you take a final examination?* (Answer YES or NO, certificates of assistance and approval will be issued):

*in most graduate programs a written final examination is required to claim academic credit

- please send this form to workshop2015@ibioba-mpsp-conicet.gov.ar -