



## **EAN BrainChallenge Quiz 2024 - APPLICATION**

Title:	
First name:	Last name:
Institution:	
Department:	Street:
City & Postal code:	Country:
E-mail:	Nationality:
☐ Junior neurologist / ☐ Senior neurologist	RRFS member / Full member
Neurological sub-specialty:	
☐ male ☐ female	
Short note why you are interested in participating in the BrainChallenge:	

By sending this form back via e-mail to the BrainChallenge Task Force you have signed the above given information.

Please send it to: <a href="mailto:education@ean.org">education@ean.org</a>

**Objective**: Application BrainChallenge Team 2024

\*\*\*\*\*\* Thank you\*\*\*\*\*\*