



30TH ECNP | 2-5 SEPTEMBER 2017
CONGRESS | PARIS, FRANCE

*For the science and treatment
of disorders of the brain*

<http://2017.ecnp.eu>

Confirmation status junior scientist

30th ECNP Registration Secretariat:

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To whom it may concern,

The undersigned confirms that

Last name: _____ First name: _____

born (dd/mm/yyyy) _____ is a

- pre-doctoral/doctoral **OR**
- post-doctoral (within first four years of employment after having received the PhD) **OR**
- resident (MD's in training within first five years after becoming MD)

Name of the signee: _____

Function: _____

Institute: _____

Country: _____

Date (dd/mm/yyyy): _____ Signature/Stamp: _____
