**BMAS Summer School 2025**

**Application Form**

**Please email your application to:** bmas\_summerschool@biomed.cas.cz

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| **APPLICANT INFORMATION** |
| First name  |  |
| Last name |  |
| Affiliation  |  |
| Email address |  |
| Title (Master, PhD student, Postdoc, etc.) |  |
| Are you currently a BMAS member? | Yes [ ]  No [ ]  |
| Do you intend to pay the required fee to attend the Summer School? | Yes [ ]  No [ ]  |
| Do you intend to present an abstract? If not, provide reason. |  |

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| **ABSTRACT DETAILS** |
| Title |  |
| Authors (insert all authors here) |  |
| Authors’ affiliations  |  |
| Keywords (max 5) |  |
| Text (max 300 words): |

Do you want your abstract published? Yes [ ]  No [ ]

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| **MOTIVATION LETTER (1 PAGE MAX)** |
| *Brief description of your project and highlights of your carrier* |
| *How the summer school will help you to achieve your career goals.* |