**BMAS Summer School 2025**

**Application Form**

**Please email your application to:** [bmas\_summerschool@biomed.cas.cz](mailto: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

|  |
| --- |
| **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.* |