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| **logo_NUOVO Cepp** | Application FormMICROBES, IMMUNITY AND CANCER**8-10 October 2019, ANACAPRI, Capri island (Naples, Italy)** |

Please fill in this form including abstract and send it in Word format to:

 Ceppellini School Coordinator **info@ceppellini.it**

Please use the abstract template at the end of this document and

indicate your Surname in the file name, e.g. “SURNAME-application.docx”

**DEADLINES**

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| Submission of Application form including Abstract:Send 1 Word file to **info@ceppellini.it**  | July 3, 2019 |
| Notification of acceptance | July 10, 2019 |
| Payment of registration fee (€550.00) andSubmission of Registration Form:Fill in the web-form in www.fuorirottaeventi.it | July 25, 2019 |

The Registration Fee includes: course material, welcome cocktail, lunches, coffee breaks, social dinner.

**Fellowships are available for applicants from Europe (support from EFIS, European Federation of Immunological Societies.**

**Please indicate in your application whether you apply for Fellowship.**

**You will be notified of result by July 10, 2019.**

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| *logo fuori rotta ORIGINALE* | *For information about travelling and accommodation please contact**Roberta Saioni* *info@fuorirottaeventi.it* *Tel +39 349 4778948*[*www.fuorirottaeventi.it*](http://www.fuorirottaeventi.it) |

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| **PERSONAL INFORMATION AND CONTACTS:** |
| **Name** |  |
| **Surname** |  |
| **Nationality** |  |
| **Birthplace** |  |
| **Sex** |  |
| **Position** |  |
| **Work address** |  |
| **Email** |  |
| **Telephone/Fax (include country/city code)** |  |
| **Mobile (include country code)** |  |
| **EDUCATION:**  |
| **Degree** |  |
| **Field** |  |
| **Where** |  |
| **Year** |  |
| **LANGUAGE PROFICIENCY:** |
| *How do you rate your English? (4= excellent; 3= good; 2= fair; 1= poor)* |  |
| **PUBLICATIONS:** |
| *Please list your recent publications (maximum 5)* |

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| **FELLOWSHIP:** |
| *Please notice that:**Several fellowships are available for applicants from Europe (EFIS fellowships) and for women from developing countries (IUIS fellowships).* |
| **Please tell us if you apply for a fellowship:** |  **Yes,** I wish to apply for a fellowship  **No,** I do **NOT** apply for a fellowship |

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| **If Yes***, please provide a statement explaining your financial situation, and why you should be considered for a partial or full fellowship.* *Partial = registration fee waiver.* *Full = Registration fee waiver plus hotel for 3 nights.**Please note there is no funding available for travel.* |

**Title of abstract (Times New Roman 14pt, bold)**

Author’s name a (Times New Roman 12pt )

a affiliation (Times New Roman 10pt)

e-mail: xxx@xxx.xx.xx

Keywords: (a maximum of 5 keywords, Times New Roman 10pt)

Write your abstract here. Maximum number of words: 200. Times New Roman 12pt. You can insert a maximum of 2 references in this modality [1]

[1] J. Joyce and J.W. Pollon, Nature Rev. 9 (2001) 459 -548 (Times New Roman 10pt)

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