# APPLICATION FORM

Workshop and Symposium on Capacity Building for National Sustainable Development

***“From Evidence generation through effective lab diagnosis and disease prediction strategies to effective implementation of findings”***

**6 - 17 August 2018 – Nairobi, Kenya**

Please fill this form and send it to Mrs. **Ana Irys Menezes** **mailto:anairysmenezes@gmail.com**

**Application Deadline: 20th June, 2018**

**Registration Fees:**

|  |  |
| --- | --- |
| International participants | USD 150 |
| Local participants | USD 60 (Ksh. 6000)  |
| Local students | USD 20 (Ksh. 2000) |

Note: Payments shall be made on site

|  |  |  |
| --- | --- | --- |
| **1** | **Name**  |  |
|  |  |  |  |  |  |  |
| **2** | **Institution** |  |
|  |  |  |  |  |  |  |
| **3** | **Email** |  |
|  |  |  |  |  |  |  |
| **4** | **City, Country** |  |

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|  |
| **Gender** |
| Male [ ]  | Female [ ]  |  |
|  |
| **Selected course** |
| *Each applicant should select any 3 in order of preference* *Applicants who choose* ***c*** *and* ***d*** *are encouraged to carry laptops**Applicants who choose* ***d*** *are further encouraged to carry their data for analysis* |
|[ ]  1. Antimicrobial stewardship
 |
|[ ]  1. Diagnostics and diagnostic stewardship
 |
|[ ]  1. Climate health
 |
|[ ]  1. Mathematical modelling of infectious diseases
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| **Order of preferance (*i.e. a,b,c*): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Occupation** |
|[ ]  Medical doctor, pharmacist, nurse, hospital administrator, health systems specialist, medical student  |
|[ ]  Laboratory technologist, biomedical scientist, Microbiologist, biotechnologist |
|[ ]  Public health expert, epidemiologist, climate scientist, meteorologist, social scientist, environmental expert |
|[ ]  Others not listed above (please specify) |  |
|  |
| **Applying for full / partial scholarship?** |
|[ ]  Yes - If yes, please send a motivational letter with this application |
|[ ]  No |
|  |
| **Will you require accommodation?** |
| *Accommodation will be arranged on first come first serve basis.**For institutions, group accommodation is encouraged.* |
|[ ]  Yes  |
|[ ]  No |
|  |
| **Will you present a poster?** |
|[ ]  Yes - If yes please send an abstract to the email address given above |
|[ ]  No |