

Immunology in the Tropics March 7-18, 2011

APPLICATION FORM

This form may be completed and submitted electronically

Personal details

Name				
Institution				
A -l-l				
Address				
Email				
0 15 22	T			
Current Position				
Highest qualification				
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	Attendance (doub	le click on the box)		
Module 5	Module 6	Module 7	Module 8	
Evolution	Malaria	Helminths	Practicals	
March 7-9	March 10-14	March 16-18	March 7-18	
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Flease note that the Fra		indertaking all modules.	-week course. Preference	
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	Accomr	nodation		
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	modation is available and I/or upcountry. If you requ			
below, by ticking all that	apply. Please note that we	e may not be able to acc	ommodate everyone in the	
cheapest pla	ces. Accommodation exp	penses must be borne by	y the applicant.	
No, I do not need acc	ommodation			
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Yes, I do need accom	modation From	m: Ur	ntil:	
☐ MRC Guest H	ouse (~14 USD per night,	bed and breakfast)		
Local Guest House (14-20 USD per night, bed and breakfast)				
	(40-100 USD per night, be		(act)	
	est House (80-150 USD p tel (100-150 USD per nigh		ast)	
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Transport
Free return transport will be provided between Makerere and MRC/UVRI for the duration of the course. Please indicate below if you wish to take this option.

Yes, I will require transport
☐ No, I will not require transport
Course Fees Only attendees within the Makerere/UVRI network, Wellcome Trust-funded Institutions or members of the IDEA consortium are eligible for a waiver. Please indicate below whether you need to pay fees or are eligible to have them waived.
☐ I am a staff or student of Makerere University
☐ I am a staff member of UVRI or its member Units in Entebbe (CDC, IAVI, MRC)
☐ I am a member of a Wellcome Trust-funded laboratory or Institution
☐ I am a member of the IDEA consortium
☐ I am not a member of any of the above and need to pay (100 USD/module)
Applicant Summary
Please provide in the box below a brief outline as to why you are interested in this course and how it will help you in your current position and/or your future career goals



ExperiencePlease list any relevant immunology experience and/or training you have undertaken

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Undertaking by Supervisor or Head of Department	
By checking the above box I agree to the submission of this application and for the applicant	
to attend the course	
Name	
Position	
1 OSITION	
Date	

Application Deadline: 31/01/2011

Please email completed forms to: mak-uvri.rtp@mrcuganda.org