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| **EMBO Global Lecture Series**  **Application Form** | | |
| **LECTURE SERIES ORGANIZER** | | |
| Name |  | |
| Affiliation |  | |
| Telephone |  | |
| Email |  | |
| **ADMINISTRATIVE CONTACT DETAILS**  (A POINT OF CONTACT IN THE HOST COUNTRY IS REQUIRED) | | |
| Name |  | |
| Affiliation |  | |
| Telephone |  | |
| Email |  | |
| **LECTURE SERIES SPEAKER** | | |
| Name |  | |
| Affiliation |  | |
| Duration of the whole Lecture Series (start and end date) | |  |
| Briefly state reasons for the speaker selection | |  |
| **1st INSTITUTE VISIT OR MAIN EVENT** | | |
| Institute name | |  |
| Location and date | |  |
| Admin contact details  (if different from above) | |  |
| Please provide an overview of the planned activities for the speaker at this institute or event | |  |
|  | | |
| **2nd INSTITUTE VISIT** | | |
| Institute name | |  |
| Location and date | |  |
| Admin contact details  (name, email) | |  |
| Briefly state reasons for selecting this institute | |  |
| Please provide an overview of the planned activities for the speaker at this institute | |  |
| **3rd INSTITUTE VISIT** | | |
| Institute name | |  |
| Location and date | |  |
| Admin contact details  (name, email) | |  |
| Briefly state reasons for selecting this institute | |  |
| Please provide an overview of the planned activities for the speaker at this institute | |  |