African Society for Pediatric and Adolescent Endocrinology

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Certificate of Reg. No: 32150
File SOC/57755

1. First name: _____Middle name:_____
2. Last name: _____
3. Degree(s): _____
4. Institution: _____
5. Department: _____
6. Present Position: _____
7. Years of Paediatric Endocrinology Practice: _____
8. Country: _____
9. Email: _____
10. Phone: _____
11. Submitted an abstract to ASPAE conference: Yes _____ No _____
12. Brief statement of research interests and career goals (100 words maximum):

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    _____
    _____
13. Letter of recommendation from endocrine/diabetes society: Attach letter of Recommendation.

    Contact of Referee: Name: _____

    Email: _____

Attach :Curriculum Vitae