**APPLICATION / NOMINATION FORM***Please select and copy the tables below into your word processor*

**Nomination for IASP SIG-Pain in Childhood Early Career Award  
To be presented at next International Symposium on Pediatric Pain**

|  |  |
| --- | --- |
| **SECTION 1: PERSONAL DETAILS** | |
| Last Name (Family Name) |  |
| First Names (Given Names) |  |
| Title (e.g., Dr, Mr, Ms) |  |
| Date of Birth |  |
| Mailing address for correspondence |  |
| Email address |  |
| Telephone | (include country and area codes) |
| Web site |  |

|  |  |
| --- | --- |
| **SECTION 2: PROFESSIONAL AND EMPLOYMENT  DETAILS** | |
| Current place of employment |  |
| Your position |  |
| Your highest degree relevant to pediatric pain (e.g., PhD, MD) |  |
| Date when that highest degree was received |  |
| Institution from which that highest degree was received |  |
| Other qualifications / degrees |  |
| Professional affiliations and society memberships relevant to pain |  |
| ORCID, if any (see https://orcid.org) |  |