**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**

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

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| **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) |   |