Application Form

Please send together with your recent Curriculum Vitae to the following email address   
by **31st of July 2025:** [barbara.toplek@mf.uni-lj.si](mailto:barbara.toplek@mf.uni-lj.si)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Surname:** |  | | |
| **Gender:** |  | | |
| **Nationality:** |  | | |
| **Professional Title:** |  | | |
| **Address:** |  | | |
| **Country:** |  | | |
| **Email:** |  | | |
| **Telephone Number:** |  | | |
| **Mobile Number:** |  | | |
|  | | **YES** | **NO** |
| Are you a EURACT member for the year 2025? | |  |  |
| Do you apply for sponsorship by EURACT? | |  |  |
| Have you been previously sponsored by EURACT? | |  |  |

**If Yes**, for which EURACT activity:

|  |  |
| --- | --- |
| When: | Where: |
| Signature: | Date: |

Looking forward to meeting you in person, for any additional questions, please contact:

**Dr Spyridon Klinis - EURACT Council Member (Greece)**

Member of the Educational Committee of HIPPOCRATES -   
Association of General Practice & Family Medicine of Greece  
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