

International Observatory on End of Life Care
Annual Research Summer School
16th to 27th June 2008
Application Form

Your Details

Name:	
Address:	
Email:	
Telephone:	
Occupation:	
Employer:	

What prior research education and/or experience do you have?

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What do you hope to gain from attending the Research Summer School?

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If you plan to attend Week 2 of the Research Summer School, what project might you work on during that week? (*You do not need to know this at this time but if you have a specific goal/project in mind, please describe it briefly here.*)

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To reserve your place at the Research Summer School, complete this application form in full providing a copy of your curriculum vitae (CV) and a cheque, (*made payable to "Lancaster University" covering either the required deposit or the full amount*), and post to the address below:

Lynne Hargreaves
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Institute for Health Research
Bowland Tower East
Lancaster University
Lancaster
LA1 4YT
United Kingdom