



EAN BrainChallenge Quiz 2026 - APPLICATION

Title:			
First name:		Last name:	
Institution/Department:			
Street:		Country:	
City & Postal code:		Nationality:	
E-mail:			
<input type="checkbox"/> Junior neurologist / <input type="checkbox"/> Senior Neurologist		<input type="checkbox"/> EAN RRFS member / <input type="checkbox"/> EAN Full member	

Neurological subspecialty:
Gender (optional):
Short note why you are interested in participating in the BrainChallenge:

By sending this form back via email to the BrainChallenge Task Force you have signed the above information.

Please send it to: education@ean.org

Objective: Application BrainChallenge Team 2026

***** Thank you *****