



## EAN BrainChallenge Quiz 2026 - APPLICATION

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

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

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](mailto:education@ean.org)

**Objective:** Application BrainChallenge Team 2026

\*\*\*\*\* Thank you \*\*\*\*\*