



EAN BrainChallenge Quiz 2025 - APPLICATION

Title:	
First name:	Last name:
Institution:	
Department:	Street:
City & Postal code:	Country:
E-mail:	Nationality:
<input type="checkbox"/> Junior neurologist / <input type="checkbox"/> Senior neurologist	<input type="checkbox"/> RRFS member / <input type="checkbox"/> Full member
Neurological sub-specialty:	
<input type="checkbox"/> male <input type="checkbox"/> female	
Short note why you are interested in participating in the BrainChallenge:	

By sending this form back via e-mail to the BrainChallenge Task Force you have signed the above given information.

Please send it to: education@ean.org

Objective: Application BrainChallenge Team 2025

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