A black and white logo

Description automatically generatedLITHUANIAN NEUROSCIENCE ASSOCIATION

QUESTIONARY FOR A MEMBERSHIP

Name

Surname

Date of birth

Address

Affiliation

Address of your workplace

## Contact phone no.

E-mail

# Education

# Academic degree

# Academic job title

Scientific interests

Main publications

Do you agree that the information provided in this questionary would be published on LNA website:

YES NO

Date