**YOUNG CANCER PROFESSIONALS' APPLICATION FORM**

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| **Name:** |  |
| **Surname:** |  |
| **Age:** |  |
| **Country:** |  |

1. **Area of specialisation:**

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1. **Professional Experience:**

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1. **Medical societies or organisations you are part of:**

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1. **What are, in your opinion, the most important challenges and issues to be addressed in relation to your field:**

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1. **Which of the ECO’s** [**Focused Topic Networks**](https://www.europeancancer.org/topic-networks) **would you like to participate to:**

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1. **Your picture:**

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