

**Youth4LungHealth Application**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Gender |  |
| Country |  |
| Phone Number (with country code) |  |
| Email Id |  |
| Affiliation |  |
| Organisation/Institution |  |
| Title of the Abstract (Not more than 25 words) |  |
| Abstract (Not more than 500 words; Abstract should primarily focus on your work and the impact it created or creates) |  |
| Biography of the Presenter (Not more than 100 words) |  |

*Note: Please fill in your application and send it to us at* [*youth4lunghealth@theunion.org*](youth4lunghealth@theunion.org) *and if you have any further questions, please write to us on* [*youth4lunghealth@theunion.org*](mailto:youth4lunghealth@theunion.org)