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| Sorbonne Université Stem Cells and Regenerative Medicine NetworkContact information form |
| Title (PhD, MD, HDR, Dr… ): |
| First Name: |
| Last name: |
| email address: |
| Phone number: |
| Postal address: |
| Research center, city: |
| Administrative affiliations (Inserm, CNRS, CEA, …): |
| Keywords *(5 words that best describe your research activities and expertise)* |
| Short abstract about your research and expertise |
| What do you expect from the network? *You may also list suggestions* |

*Please send to* [*stemcell-su@sciencesconf.org*](mailto:stemcell-su@sciencesconf.org)