



Part 1. Contact Information

First Name *

Last Name *

Street Address *

City *

State or Province

Postal Code

Country *

Select...▼

Email Address *

Phone Number (Please include country code) *

Part 2. The Patient Fellows Program reserves most of its fellowships for people living with ALS/MND; however, fellowships are also available for ALS/MND caregivers and people with known ALS genes who have not been diagnosed with ALS/MND.

I am a: *

☐ Person Living With ALS/MND

☐ Caregiver

☐ ALS/MND Gene Carrier without an ALS MND diagnosis

Part 3. Your Background in Science

The International ALS/MND Symposium is a very traditional scientific symposium featuring highly specialized and technical presentations on the latest ALS/MND research.

Please let us know what in your background will make this kind of conference productive for you.

Please describe your educational background: *

(max 250 words)

Please describe your work background: *

(max 250 words)

Please describe any related hobbies: *

(max 250 words)

Part 4: Your Interests and Why You Should be a Part of this Program

Please describe your passion for ALS/MND research: *

(max 250 words)

What specific aims do you have for further understanding of ALS/MND research by participating in this Symposium? *

(max 250 words)

What have you learned about ALS/MND research up to now? *

(max 250 words)

Are there specific ALS/MND researchers or research topics that are of particular interest to you? *

(max 250 words)

How will you share your experiences at the Symposium with others? *

(max 250 words)

How can you be a change agent to improve ALS/MND research? *

(max 250 words)

Part 5: Agreement with Terms of Fellow Program

What Should Fellows Expect?

1. To represent the ALS/MND patient voice
- ☐ First and foremost, people with ALS/MND acting as Patient Fellows at these meetings are just that, people living with ALS/MND. These meetings are primarily aimed at the science and allied health professional communities, and the goal of this program is to provide a voice of the patient into the meetings, and importantly after the meetings back to other people with ALS/MND.

☐ All Patient Fellows will be asked to provide a write-up of their Symposium impressions and experiences which will be shared on the Patient Fellows website. Other communications about the meetings will also be encouraged.
2. Support in advance of Symposium
- ☐ Fellows selected will work with various members of the Fellowship Committee for individual preparation and group Zoom meetings with the other fellows and the Fellowship Committee
3. In 2024 there will be two types of fellowships --
- ☐ In-Person (5 available fellowships)

☐ In-Person fellowships will include

Registration for the ALS MND Symposium in Montreal, Canada, to be held Dec. 6-8, 2024.

Paid basic hotel accommodations (including breakfast) for four nights (Dec. 5.6.7.8) at a hotel near the Symposium.

A travel stipend of up to £1600 which will be paid asap after the Symposium.

The company of other Patient Fellows at the premier global scientific conference on ALS MND and the enthusiastic support of a Patient Fellows Coordinator

☐ Online (10 available fellowships)

☐ Registration for Online access to the ALS MND Symposium. Online registration includes access to selected live-streamed sessions, the ePoster hall and post event, on demand content.

4. The International Alliance of ALS MND Associations invites Patient Fellows to all of their meetings prior to the ALS MND Symposium. These include the Alliance Annual Meeting (Dec. 2-3), their Allied Professionals Forum (Dec. 4-5), and ALS MND Connect. These will be available for both In-Person and Online Fellows.

5. In-Person patient fellows will be responsible for their own caregiving needs, transportation to and from Montreal, meals (except for breakfasts at the hotel and lunches included in the Symposium), and any extra hotel nights
- Do you agree with the terms of this program? *


☐ Yes

☐ No

I am interested in: *

☐ An In-Person Fellowship Only

☐ An Online Fellowship Only

☐ In-Person as my first choice, Online as my second choice
- If you would like to include an optional resume or CV, please email it to alliance@als-mnd.org
- Thank You for your Application!
- If you have any questions or require help with you application, contact us at alliance@als-mnd.org
- Submit
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