

# Application form for the BioMed Travel Grant

Name of applicant:

Member of the      MTB      imMed      BioMed PhD Program

Member of the respective program since

Accepted Research Plan      Successful first PhD Committee

Have you been awarded a BioMed Travel Grant before?      Yes      No

Supervisor

Work Address

Email Address

Intended purpose of the travel grant (name of meeting, place, date)

Anticipated expenses

Requested amount

Type of participation

Poster

Oral presentation

Title of abstract:

Please enclose abstract, CV and motivation letter.

Abstract must contain full author list.

CV must not be more than one page.

Motivation letter must not exceed 250 words.

Date:

Signature:

# Personal information for reimbursement

Full name of applicant

Full name of account holder

IBAN

BIC

Name of bank

----- Please leave empty -----

Decision by committee:

Awarded amount:

Date:

Signature: