

# EDS TRAVEL GRANT APPLICATION 2018



## PERSONAL DATA:

First name	
Last name	
Gender	
Date of birth	
Country of citizenship	
Country of residence	
Mobile phone	
E-Mail Address	

## AFFILIATION:

Institution	
Department	
Street Address	
City and Postal Code	
Country	

EDS MEMBERSHIP:       YES                       NO

## Required attachments:

- 1/ Letter of motivation (maximum 1 page)
- 2/ Curriculum Vitae

**You need to be an EDS member. Membership forms at <http://www.edsurgery.org/membership/>**

**Please send to the EDS Secretary by August 15, 2018**

E-Mail: [secretary@edsurgery.org](mailto:secretary@edsurgery.org)