

TRAVEL GRANT APPLICATION FORM



6th EDS Postgraduate Course

Thessaloniki, Greece, April 19–21, 2012

PERSONAL DATA:

Email	
First Name	
Last Name	
Gender	
Age	
Year Of Birth	
Country Of Citizenship	
Country Of Residence	
Mobile phone	

AFFILIATION:

Institution	
Department	
Street Address	
City	
Postal Code	
Country	
Phone	
Fax	

Required attachments:

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

Please send to the EDS Secretary
e-mail: secretary@edsurgery.org