

EDS TRAVEL GRANT APPLICATION FORM



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

E-Mail: secretary@edsurgery.org