

# EDS TRAVEL GRANT APPLICATION



## 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	
Postal Code	
Country	
Phone	
Fax	

## Required attachments:

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

**Please send to the EDS Secretary by August 31, 2016**

e-mail: [secretary@edsurgery.org](mailto:secretary@edsurgery.org)