



# EUROPEAN RENAL ASSOCIATION

EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION

Registered Charity No. 1060134

## TRAVEL GRANT APPLICATION FORM

LASTNAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

ABSTRACT TITLE(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Requirements:

- under 40 years by Dec. 31, 2004 - please enclose a photocopy of a personal ID (passport, driver's licence)
- submission of abstract

Please send this form **by December 31, 2003** (preferably by fax) to:

ERA-EDTA Congress Office

Via Spolverini 2

43100 Parma

Italy

Fax: +39-0521-959242