



## TRAVEL GRANT APPLICATION

Please fill in all blanks and mail to:  
Swiss Society of Pharmacology and Toxicology  
Prof. Dr. Stephan von Gunten  
University of Bern  
Institute of Pharmacology  
INO-F, Inselspital,  
CH-3010 Bern

Deadline: Two months before departure.

**Applicant** (full name and address, incl. phone, fax and e-mail):

Name and First Name:

Street/City:

Phone:

Fax:

E-Mail:

**Please mark accordingly:**

The applicant is or has applied to become a member of the Swiss Society of Experimental Pharmacology (SSEP) The applicant is or has applied to become a member of the Swiss Society of Toxicology (SST)

**Congress** (Title, Place and Date):

**Please mark accordingly:**

The applicant will present an oral communication

The applicant will present a poster

**Research Director** (Name, address, incl. phone, fax and e-mail):

**Statement of the Research Director:**

"The signatory confirms to be the research director of the applicant and to wish the applicant to participate in the above mentioned congress. The signatory further confirms that no other financial support is available for the candidate's participation."

Place and Date: .....

Stamp and Signature: .....

**Please enclose as well:**

Curriculum vitae of the applicant (short version)

Abstract of the presented work

Budget