**Grants for Post-Graduates in Biomedical Sciences**

**Application form**

Please fill in all blanks (no hand-writing).

Name (last/first):

Date of graduation:

Member of society (SSCPT, SSEP, SST or SSPM):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership since:

Work address:

E-­‐mail address:

**Intended purpose of travel grant**

Title of conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of conference:

Date of conference:

Travel expenditure

**☐** Travel (CHF): **☐** Accommodation (CHF): **☐** Registration (CHF):

Total requested amount CHF:

Type of participation: **☐** Oral presentation **☐** Poster

Have you previously received the SSPT PhD/MD travel grant

**☐** yes **☐** no

Please send as a single pdf file at least two months before departure to **PD Dr. Stephan Kellenberger**:[stephan.kellenberger@unil.ch](mailto:stephan.kellenberger@unil.ch)

Place, date Signature of Applicant

Place, date Signature of Supervisor

Enclosed:

**☐** CV and publication list

**☐** Abstract

**☐** Proof of membership payment

**☐** Copy of diploma