

## APPLICATION FORM EDUCATIONAL GRANT

### Personal Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Date of birth (dd-mm-yyyy) \_\_\_\_\_

### Professional Information

Institution/Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Have you submitted an abstract for ISBT Basel ☐ YES ☐ NO

If yes, what is your submission number: \_\_\_\_\_

Are you a member of the ISBT: ☐ YES ☐ NO

If yes, please inform us of your membership number: \_\_\_\_\_

### Motivation

*please write a short motivation on why this grant should be awarded to you.*

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