

APPLICATION FORM FOR ESVO TRAVEL GRANT
European Society of Veterinary Ophthalmology

Travel grant for 20__

Name :

Department & University :

Name of the Director/Mentor :

Citizenship (country)

Address :

Phone :

e-mail :

Student in: MSc ; Ph.D ; Resident

ESVO member: Yes ; No

Title & dates of the meeting (*please attach a copy of the first page of the proceedings book*):

Authors & title of the presentation. You must be the first author (*please attach an official copy of the abstract*):

The student is the first author of the study: Yes ; No (*see eligibility section*)

The applicant has received financial support for meeting expenses from an official organization:

Yes ; No

To justify expenses (*please attach original supporting documents*) :

Transport : _____ €
 Lodging : _____ €
 Registration : _____ €
 Reimbursement requested : _____ € (maximum 750€)

I hereby certify that all provided informations are correct :

 Name & signature of the student

 Name & signature of Director/mentor

*Applications must be sent by e-mail to Doctor Paola Cassarani, ESVO Scientific Officer.
 (Paola Cassarani <p.cassarani@gmail.com>).*