

APPLICATION FORM FOR ESVO TRAVEL GRANT  
European Society of Veterinary Ophthalmology

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*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>).*