



TRAVEL GRANT APPLICATION

Please fill in all blanks and mail to:
Swiss Society of Pharmacology and Toxicology
Prof. Olivier Staub
Department of Pharmacology & Toxicology
Rue du Bugnon 27
1005 Lausanne

Deadline: Two months before departure.

<p>Applicant (full name and address, incl. phone, fax and e-mail):</p> <p>Name and First Name: Street/City: Phone: Fax: E-Mail:</p> <p>Please mark accordingly:</p> <p><input type="checkbox"/> The applicant is or has applied to become a member of the Swiss Society of Experimental Pharmacology (SSEP) <input type="checkbox"/> The applicant is or has applied to become a member of the Swiss Society of Toxicology (SST)</p>
<p>Congress (Title, Place and Date):</p> <p>Please mark accordingly:</p> <p><input type="checkbox"/> The applicant will present an oral communication <input type="checkbox"/> The applicant will present a poster</p>
<p>Research Director (Name, address, incl. phone, fax and e-mail):</p>
<p>Statement of the Research Director:</p> <p>"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."</p> <p>Place and Date:</p> <p>Stamp and Signature:</p>

- Please enclose as well:**
- Curriculum vitae of the applicant (short version)
 - Abstract of the presented work
 - Budget