**Application for the participation grant**

The undersigned ……………………………………………………………………………… asks to apply to the participation grant at the 57th EMBS Congress in Naples

To this end he/she declares

- to be (specify your qualification: master students, PhD student, researcher, etc.)

………………………………………………………………………………………………………………………………………………………………………………………..

- at (specify your affiliation ) ……………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………..

**Compilare per esteso i seguenti campi:**

First name:

…………..……………………………………………………………………………………………………………………………………………………………………………

Last name:

…………..……………………………………………………………………………………………………………………………………………………………………………

Date of birth:

…………..……………………………………………………………………………………………………………………………………………………………………………

Address:

…………..……………………………………………………………………………………………………………………………………………………………………………

Postal code:

…………..……………………………………………………………………………………………………………………………………………………………………………

City:

…………..……………………………………………………………………………………………………………………………………………………………………………

Country:

…………..……………………………………………………………………………………………………………………………………………………………………………

Mobile:

…………..……………………………………………………………………………………………………………………………………………………………………………

Email:

…………..……………………………………………………………………………………………………………………………………………………………………………

Tax ID code:

…………..………………………………………………………………………………….……………………………………………………………………………………….

IBAN:

…………..……………………………………………………………………………………………….…………………………………………………………………………

Swift/BIC:

…………..…………………………………………………………………………………………………………………………………………………………………………..

The undersigned consents to the processing of my personal data pursuant to EU Regulation 2016/679

Date and place……………….

In faith

……………………………………………………………………………