**Application for Scholarship** Date:

(Only one page according to this form is accepted. Abstracts and/or letter of invitation must be attached separately in the e-mail to the secretary)

|  |
| --- |
| **Name**: |
| **Adress**: |
| **National membership in**: |
| **Purpose of the scholarship**: |

**Abstract/letter of invitation attached** **Yes**: **No**: (mark with X)

|  |
| --- |
| **Budget (SEK)****Congress costs(sum)**:**Travel costs(sum)**:**Hotell costs(sum)**:**Other costs(sum**:**In total**: |

E-mail this application to the secretary:

elin.tragardh@med.lu.se