

APPLICATION FORM FOR SPS TRAVEL GRANT

Only lifelong, ordinary and student members of the SPS can apply for travel grants.

The fee will be withdrawn from your granted amount.

Meeting information: Purpose:				
Destination:				
Date:				
Personal information: Name:				
Address (department):				
Post code/Place and Country:				
E-mail: Academic position:	Age:			
Are you a member of the Scandinavian Physi	ological Societ	y Yes: No:		
If "No", what kind of membership would you	ı like?	Lifelong:	Ordinary:	Student:
For student members; Recommendation fro	m supervisor:			
I have announced the following abstracts for the	meeting:			
If your application is successful, you will need to from the meeting. We will then make a transfer t meeting has taken place.	_			-
Date:	Signature:			

To be sent to:

The Scandinavian Physiological Society c/o Nanna Cathrine Brinch
Department of Biomedicine
Aarhus University
Høegh Guldbergs Gade 10 (build 1115)
8000 Aarhus C, Denmark
Or by e-mail to: contact@scandphys.org