

**EUROMEDLAB Milano 2013 Congress**  
**19-23 May**

**APPLICATION FORM**  
**for Congress Bursaries**

Mr.     Mrs.     Ms.    Title \_\_\_\_\_

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Institution address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

Private phone or Mobile \_\_\_\_\_

E-mail (block letters) \_\_\_\_\_

Date of birth\* \_\_\_\_\_

\* copy of document (identity card or passport) must be enclosed

I wish to apply for the EUROMEDLAB Milano 2013 Congress Bursaries and I declare:

to be aged ≤35 years on 31 December 2012

to have submitted at least one abstract

to enclose a short Curriculum Vitae

Documents to be enclosed:

- Copy of Identity Card or Passport

- Short Curriculum Vitae

- Copy of the Abstract submitted at the Congress

**PRIVACY**

I authorise to handle my personal data for the services connected to this form. MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

**IMPORTANT:** if this authorisation is denied, it won't be possible to proceed with the registration to the event.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I authorise to handle my personal data for marketing purposes (mailing of information material on congresses and events organised by MZ Congressi). MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICATION FORM should be sent**  
**to the following e-mail [enrica@milan2013.org](mailto:enrica@milan2013.org) or FAX +39 02 6686699**  
**by 15 January 2013**