

Young Scientists Meeting Grant Application Form



**To be completed by a Young Scientist (<36 years) wishing to attend a FEMS Meeting.
Submit your application to the meeting organisers, NOT to FEMS.**

FEMS Central Office
Keverling Buismanweg 4
2628 CL Delft
The Netherlands
T +31-15-269 3920
F +31-15-269 3921
E fems@fems-microbiology.org
I www.fems-microbiology.org

FEMS

Registered Charity,
(No. 1072117)
Company Limited by Guarantee
(No. 3565643)
Registered in England

Surname (of applicant):		
First name(s)		
Address: (for correspondence)		
Postal Code, City, Country:		
Telephone:		
Fax:		
Email:		
Date of Birth:		
FEMS Member Society to which you subscribe:		
Recommendation by another member: (see: regulation 16):	Recommended by (name):	FEMS Member Society:
Place of Employment:		
Position held:		
Research area:		
Number of years of research experience:		
FEMS Meeting to be attended:		
Date and place of meeting:		
Reason(s) for attending the FEMS Meeting: (....continue overleaf)		
Signature of applicant:		
Place, date of signing:		