FEMS Meeting Organizer Grant Early Career Scientist Meeting Grant Application Form

To be completed by an early career scientist¹ wishing to attend a FEMS-sponsored meeting. Please submit your application to the meeting organizer until **31 March 2024** to toxo@conventus.de.

| A | Surname of applicant | Click or tap here to enter text. |
|---|--|----------------------------------|
| В | First name(s) | Click or tap here to enter text. |
| С | Address | Click or tap here to enter text. |
| D | Postal code, city, country | Click or tap here to enter text. |
| E | Telephone | Click or tap here to enter text. |
| F | Email | Click or tap here to enter text. |
| G | Social media account(s) URL(s) (if applicable) | Click or tap here to enter text. |
| н | Website / blog URL(s) (if applicable) | Click or tap here to enter text. |
| ı | FEMS member society to which you subscribe | Click or tap here to enter text. |
| J | Place of employment | Click or tap here to enter text. |
| К | Position held | Click or tap here to enter text. |
| L | Research area | Click or tap here to enter text. |
| М | Year of obtaining your highest academic degree | Click or tap here to enter text. |
| N | Your highest academic degree | Click or tap here to enter text. |
| О | FEMS-sponsored meeting to be attended | Click or tap here to enter text. |

¹ An active microbiologist and obtained his/her highest academic degree (Bachelor, Master or PhD) less than five years prior to the application deadline date, or be a PhD student, be a member of a FEMS Member Society, and be a presenting author of the abstract.



| P | Date and place of meeting | Click or tap here to enter text. |
|---|--|----------------------------------|
| Q | Reason(s) for attending the FEMS meeting | Click or tap here to enter text. |
| R | Place, date of signing | Click or tap here to enter text. |
| S | Signature of applicant | |
| | | |
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FEMS Grant declaration

| Germany, I was selected | d for a FEMS Grant. | |
|---|--|---|
| Last name | | |
| First name | | |
| Title of my abstract | | |
| Number of my abstract | | |
| Please fill in your compl | ete home address | |
| Street | | |
| ZIP-Code/City | | - |
| Country | | - |
| Please transfer the mon | ney of 400 € to my bank account: | |
| Account holder | | |
| IBAN . | | |
| BIC _ | | |
| Full address of the bank (only foreign countries) | | |
| I have been informed th | nat I am obliged to declare the grant in my tax declaration! | |
| Date: | Signature: | |

In the framework of the 17th International Congress on Toxoplasmosis from 26-30 May 2024 in Berlin,

Please return this form completed and signed <u>31 March 2024</u> via e-mail to: <u>toxo@conventus.de</u>. (Conventus Congressmanagement & Marketing GmbH / Carl-Pulfrich-Str. 1 / 07745 Jena, Germany)