**19th Biennial Meeting of the European Society for Immunodeficiencies**

**14-17 October 2020**

**APPLICATION FORM FOR ONLINE MEETING REGISTRATION GRANT**

**Instructions**

Please complete the application form and upload it together with the other documents required in the abstract submission system. Applications without this form will not be accepted.

Deadline for applications is **Tuesday**, **June 16, 2020.**

**Criteria for application**

* You must be under 40, but age will not be an absolute limit
* At least one submitted abstract to the Meeting.
* ESID Junior member 2020/2021 – [Join here](https://esid.multiregistration.com/membership/step1)

**Registration grant**

ESID registration grants are aimed to cover awardees’ registration to the ESID 2020 Online Meeting

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| **Personal information** |
| **Last name:**       **First name:**      **Title:**      |
| **Citizenship:**      **Date of Birth:**      **Sex:** **[ ]  Male** **[ ]  Female** |
| **Home address:      Mailing code:****City:      Country:       Email address:****Mobile telephone: Home telephone: Home fax:**  |
| **Institution:****Work address:****Mailing code:**      **City:****Country:****Work e-mail:****Work telephone:****Work fax:** |
| **ESID membership** |
| **Are you currently an ESID Junior member? [ ]** Yes **[ ]** No**If not, please renew your ESID membership now or become a member for 2020/2021 before sending your application –** [**click here**](https://esid.org/Membership2/Renew-my-membership) |
| **Background** |
| **[ ]** Pediatrics **[ ]**  Rheumatology **[ ]**  Laboratory Immunology**[ ]** Internal Medicine **[ ]** Hematology **[ ]**  Allergy / Immunology (Adult)**[ ]** Clinical Immunology**[ ]** Other: *(Please give details):* |
| **Budget request (in Euros)**If you have already registered to the meeting, please claim the reimbursement by sending the relevant invoice to the ESID Administrative office at esid.admin@kene.com |
| **Registration fee:**  |
| **Other funds** |
| **Are you receiving any other funds? [ ]** Yes **[ ]** No**If yes please specify the amount and from whom:** |
| **Previous travel grants** |
| **Have you previously received any ESID travel grant? [ ]** Yes **[ ]** No**If yes please specify to which meetings (name and year):** |