



EUROPEAN RENAL ASSOCIATION

EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION

Registered Charity No. 1060134

NATIONAL CONGRESS GRANT APPLICATION FORM

NATIONAL SOCIETY OF NEPHROLOGY INFORMATION

Name of National Society: _____

Dates and Venue of National Society Congress: _____

Contact information for National Society (full name of contact person; full mailing address; phone; fax and e-mail): _____

WINNER'S INFORMATION - Author of Winning Presentation

Last name: _____ First name: _____

E-mail: _____ Date of birth: ____/____/____
(day/month/year)

P.S. - THE WINNER MUST ALSO ENCLOSE AN "APPLICATION FORM FOR MEMBERSHIP IN THE ERA-EDTA" COMPLETELY FILLED IN (click on: <http://www.popnet.it/eraedta/payment/form.jsp>) AND A PHOTO-COPY OF A PICTURE ID.

SCIENTIFIC SESSION INFORMATION

Title of Congress Session: _____

Date of Presentation: _____

Title of Winning Presentation: _____

Requirements:

- 40 years old or younger.

DEAD-LINE:

- One month before the beginning of the Congress.

Please send this form with the "Application Form for Membership in the ERA-EDTA", filled in by the Grant Winner, and a photocopy of a picture ID of the Grant Winner, to:

Valentina Cocchi
ERA-EDTA Congress Office
Via Spolverini 2 - 43100 Parma
ITALY

secretariat@era-edta.org fax: +39 0521-959242