



Viral Infections in Transplant recipients

Application Form

First Name: _____

Surname: _____

Title: _____

ESCV Member registration number: _____

I confirm that I have paid my ESCV membership fee for 2017:

Role/Job: _____

Department: _____

Institution: _____

Address: _____

Phone: _____

E-mail: _____

Do you wish to apply for a Travel Grant?

Yes: No:

Do you wish to apply for Visa Support?

Yes: No:

If yes: please, provide scan copy of your passport valid at least 1.5 years after visa period: (*confirm scan provided*)

and fill in all the necessary information on the Visa Support Form: (*confirm information filled in*)

Please, provide your motivation for the participation in this workshop:

Please, provide a title of your presentation at the workshop:

Please, return completed form to Elizaveta Padalko elizaveta.padalko@uzgent.be and Caroline Jager c.b.m.b.jager@umcg.nl by 21st of February 2017.