ECCB'12 fellowship application form

APPLICANT - PERSONAL INFORM	IATION
SURNAME (of applicant)	
FIRST NAME	
ADDRESS (for correspondence)	
POSTAL CODE, CITY, COUNTRY	
Telephone	
Fax	
Email	
DATE OF BIRTH	
APPLICANT – BANKING ACCOUN	T DETAILS FOR REIMBURSEMENT
NAME, GIVEN NAME	
(of bank account holder)	
ADDRESS	
(of bank account holder, used	
for correspondence with bank)	
NAME OF THE BANK	
ADDRESS OF THE BANK	
(country, postal code, city)	
BIC/SWIFT	
Bank account number	
IBAN	
OPTIONAL: Other info needed,	
depending on country	
RESEARCH INFORMATION	
Title of accepted paper or	
poster at ECCB'12	
RECOMMENDED BY	
(name of group leader / PI)	

SOCIETY MEMBERSHIPS	ISCB SIB Other:
PLACE OF EMPLOYMENT	
POSITION HELD	
RESEARCH AREA	
RESEARCH EXPERIENCE (Years)	
REMARKS	

MOTIVATION

Motivation for attending the		
ECCB12 Meeting and applying		
for a fellowship		
(max 2500 characters, ca 300		
words)		
words)		

SIGNATURE

SIGNATURE OF APPLICANT	
PLACE, DATE OF Signature	

Submit your application by email to fellowships@eccb12.org before noon June 25th 2012.

Travel fellowships will pay for a partial contribution towards travel expenses, lodging, and conference registration. Affiliated expenses, such as evening meals, workshops, tutorials, and conference banquet will not be eligible for reimbursement.

Applying for a fellowship does not guarantee that you will receive funding. If you require a fellowship to attend the conference, do not register until after you have been notified that you have received an award.

Applicants must have a poster or a proceedings paper accepted.