

**International Society of Neuroimmunology
TRAVEL GRANT APPLICATION**

Enter information as requested to each box. You may copy/paste from eg. CV files, the boxes will expand to fit.

Send the completed application by e-mail to info@isniweb.org. You must attach a copy of the abstract to be presented, on which you should be first author. If available, also attach an acceptance letter for the abstract.

Please also FAX the application plus signatures to:

ISNI Travel Awards

+ 39 06 51 93 499

The application must be received at least 2 months prior to travel. Only one application per member per year will be considered. Applicants will normally be under 40 years of age and should be planning to attend a meeting concerning immunology or neurology/neuroscience of relevance to neuroimmunology, and where they will present work of relevance to neuroimmunology. The applicant must be a member of ISNI and the application must be signed by their Supervisor (if a student or postdoc), and by the Head of Department or Institute Director.

After the event, the applicant must send a brief scientific and financial report, signed by the Applicant, Supervisor (if appropriate) and Head of Department/Director. This should include a copy of the relevant pages of the meeting program, verifying participation.

Name, sex, age	
Professional address	
Telephone & Fax numbers Email address	
Current status (e.g. postgraduate, postdoctoral, clinical training fellow) Source of funding for present work. Name of supervisor/ head of research group.	
Destination Dates of travel Details of conference or scientific visit proposed. Please justify your application.	
Title of presentation (attach abstract; and evidence of acceptance, if available)	
Brief curriculum vitae (degrees, institutions, dates, postgraduate education)	

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List up to 3 recent publications		
Support for travel available from current source of funding Amount used to date Amount unspent Other sources of funding secured or being sought Decision date if known Support from destination (conference organisers or host institution)		
Travel details (itinerary, cost)		€
Accommodation (number of nights@price, total)		€
Registration (if applicable)		€
Total Cost		€
Subtract other sources of funding		€
TOTAL REQUIRED		€
Date(s) of any previous successful applications to ISNI		

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Supporting statement from Head of Department or Director (name)	Email address: Signed Date	
Supervisor's signature Email address		Date

Applicant's signature		Date
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