ICYRAM2022

Travel Award Application Form

Abstract Information:

|  |  |
| --- | --- |
| Abstract Title: |  |

Personal Information:

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|  | Given | Middle | Family |
| Name: (on Abstract) |  |  |  |
| Name (on Passport) |  |  |  |
| Date/Month/Year of Birth |  |
| Institution: |  |
| Affiliation: |  |
| Address: |  |
| Country: |  |
| Telephone:  |  |
| E-mail:  |  |
| Title: | Assistant Prof. / Postdoc / PhD / Master / Bachelor etc. |

Please outline the reasons (Maximum 300 words) why you should be considered for this grant.