## **Young Scientists Meeting Grant Application Form**



To be completed by a Young Scientist (<36 years) wishing to attend a FEMS Meeting. Submit your application to the meeting organisers, <u>NOT</u> to FEMS.

Surname (of applicant):			
First name(s)			551000
Address: (for correspondence)			FEMS Central Office Keverling Buismanweg 4 2628 CL Delft The Netherlands T +31-15-269 3920
Postal Code, City, Country:			F +31-15-269 3921 E fems@fems-microbiology.org I www.fems-microbiology.org
Telephone:			
Fax:			
Email:			
Date of Birth:			
FEMS Member Society to which you subscribe:		[Please add confirmation by any officer of the society]	-
Recommendation by another member:	Recommended by (name):	FEMS Member Society:	
Place of Employment:			
Position held:			
Research area:			
Number of years of research experience:			
FEMS Meeting to be attended:			
Date and place of meeting:			Registered Charity,
			(No. 1072117) Company Limited by Guarantee
Reason(s) for attending the FEMS Meeting: (continue overleaf)			(No. 3565643) Registered in England
Signature of applicant:			
Place, date of signing:			