**21st Biennial Meeting of the European Society for Immunodeficiencies**

**16-19 October 2024 | Marseille, France**

**APPLICATION FORM FOR TRAVEL GRANT**

**Instructions**

Please complete the application form and upload it together with the other documents required in the abstract submission system. Applications without this form will not be accepted.

Deadline for applications is **Tuesday**, **07 May 2024.**

**Criteria for application**

* You must be under 40, but age will not be an absolute limit.
* At least one submitted abstract to the Meeting.
* ESID Junior member 2023/2024 – [Join here](https://esid.multiregistration.com/membership/step1).

**Travel grant**

Travel grants will not exceed the total amount of €1000 EUR. ESID travel grants are aimed to help covering awardees travel expenses and registration fees.

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| **Personal information** |
| **Last name:**       **First name:**      **Title:**      |
| **Citizenship:**      **Date of Birth:**      **Sex:** [ ]  **Male** [ ]  **Female** |
| **Home address:      Mailing code:****City:      Country:       Email address:****Mobile telephone: Home telephone: Home fax:**  |
| **Institution:****Work address:****Mailing code:**      **City:****Country:****Work e-mail:****Work telephone:****Work fax:** |
| **ESID membership** |
| **Are you currently an ESID Junior member? [ ]** Yes **[ ]** No**If not, please renew your ESID membership now or become a member for 2023/2024 before sending your application –** [**click here**](https://esid.org/Membership2/Renew-my-membership) |
| **Background** |
| **[ ]** Pediatrics **[ ]**  Rheumatology **[ ]**  Laboratory Immunology**[ ]** Internal Medicine **[ ]** Hematology **[ ]**  Allergy / Immunology (Adult)**[ ]** Clinical Immunology**[ ]** Other: *(Please give details):* |
| **Budget request (in Euros)**Reimbursements will be made after the meeting when all the relevant receipts have been sent to the organisers at esid@kenes.com |
| **Travel cost (airfare/other): Registration fee:****Hotel cost: Miscellaneous:**  **Total amount:**  |
| **Other funds** |
| **Are you receiving any other funds? [ ]** Yes **[ ]** No**If yes please specify the amount and from whom:** |
| **Previous travel grants** |
| **Have you previously received any ESID travel grant? [ ]** Yes **[ ]** No**If yes please specify to which meetings (name and year):** |