

Application for an Educational Grant 2020

(Including online access to the journals of Allergy and Pediatric Allergy and Immunology through the Members Area at $\underline{www.eaaci.org}$)

| ☐ For Individual / Affiliate Members Please note that if you are up to 35 years old, you can become an EAACI member for free as a JM | |
|---|--|
| and therefore do not need to apply for an Educational Grant. | |
| Family name: | |
| First name(s): | |
| E-mail: | |
| Correspondence address: | |
| City/Zip Code: Country: | |
| Phone: Fax: | |
| Year of birth: | |
| Final examination: | |
| Current position: | |
| When did you become an EAACI Member (year)?: | |
| Activity in the EAACI Sections: | |
| Activity in the EAACI IGs: | |
| Membership of National Societies: | |
| Member fee for 2019 (EUR) paid $\ \square$ Yes $\ \square$ No | |
| Previous grants received in: \square \square \square 2014 \square 2015 \square 2016 \square 2017 \square 2018 \square 2019 *Please note that only a maximum of three Educational Grants can be awarded to a member. | |
| Other EAACI benefit(s) received (Travel Grant, etc.): | |
| | |
| The application can be submitted by an EAACI Member/Affiliate Member. | |
| I certify that the above information is correct: | |
| Signature + Date Name in capital letters | |
| Enclosed: Curriculum Vitae (1/2 – max. 1 page) | |
| For EAACI Headquarters use only Decision of the EAACI Vice-President Communications & Membership: | |