



## **Travel fellowship form**

To be completed by a student or post-doc (<36 years) wishing to attend the ECCB'14 conference. Submit your application by email to: fellowship@eccb14.org before July 8th 2014.

Fellowships will pay for a partial contribution to travel expenses, lodging, and conference registration. Affiliated expenses, such as evening meals, workshops, tutorials, or satellite meetings will not be eligible for reimbursement.

IMPORTANT: Applying for a fellowship does not guarantee that you will receive funding. If you require a fellowship to attend the conference, do not register before you have been notified that you have received an award.

| PERSONAL INFORMATION                        |  |
|---|--|
| SURNAME (of applicant)                      |  |
| FIRST NAME                                  |  |
| ADDRESS (for correspondence)                |  |
|   |  |
|   |  |
| POSTAL CODE, CITY, COUNTRY                  |  |
| Telephone                                   |  |
| Email                                       |  |
| Nationality                                 |  |
| DATE OF BIRTH                               |  |
| DESEADOU INFORMATION                        |  |
| RESEARCH INFORMATION                        |  |
| POSITION HELD (PhD or Postdoc) <sup>1</sup> |  |
| PLACE OF EMPLOYMENT (lab,                   |  |
| institution) SUPERVISOR                     |  |
| RESEARCH AREA                               |  |
| Country in which you are                    |  |
| registered in an accredited degree          |  |
| program (for students)                      |  |
| NUMBER OF YEARS OF RESEARCH                 |  |
| EXPERIENCE                                  |  |
| Degrees and year obtained                   |  |
| Jog. ces una year obtamea                   |  |
| Scientific honors or awards                 |  |
|   |  |
| Grants or fellowships you have              |  |
| previously received                         |  |
| REASON(S) for attending the                 |  |
| ECCB'14 Meeting                             |  |
|   |  |
| Are you member of ISCB?                     |  |
| Number, title and full list of              |  |
| authors of the SUBMITTED                    |  |
| PAPER/POSTER                                |  |
| ESTIMATED BUDGET for coming at              |  |
| ECCB'14                                     |  |
|   |  |
| AGREEMENT                                   |  |
| SIGNATURE OF APPLICANT                      |  |
|   |  |
| PLACE, DATE OF SIGNING                      |  |
|   |  |

<sup>&</sup>lt;sup>1</sup>A copy of the student card or a signed letter from the Head of Department (for post-docs or students without yet any student card) are required to confirm the status. Scanned documents must be sent with the application and the original documents must be presented at your arrival at the conference registration desk.