Early Career Scientist Meeting Grant Application Form

To be completed by an	*Early Career	Scientist	wishing to	attend a
	FEMS Meet	ing.		

Submit your application to the meeting organisers, <u>NOT</u> to FEMS.

Surname (of applicant):		
First name(s)		
Address: (for correspondence)		
Postal Code, City, Country:		
Telephone:		
Fax:		
Email:		
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:		
Reason(s) for attending the FEMS Meeting: (continue overleaf)		
Signature of		
applicant:		

*An active microbiologist and obtained his/her highest academic degree (Bachelor, Master or PhD) less than five years prior to the application deadline date, or be a PhD student, be a member of a FEMS Member Society, and be a presenting author of the abstract.

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