EVF RESEARCH GRANT

Application Form

This form should be completed and returned with your completed proposal:

Surname: ……………………………………………………………………. Title: …………….

First name: ………………………………………………………… Degrees: ………………

Institution Name: .……………………………………………………………………………...

…………………………………………………………………………………………………............

Institution Address: ……………………………………………………………………………..

…………………………………………………………………………………………………………….

…………………………………………………….……….. Country: ……………………………..

Telephone number (including STD code): ………………….…………………………

Fax number (including STD code): ……….……………………………………………….

Email address: ……………………………………………………………………………………..

TITLE OF PROPOSAL: ……………………………………………..…………....................

………………………………………………………………………………………………………….

I submit the above proposal for consideration of the EVG Grant and confirm that I accept the terms and conditions.

Signature of Applicant: Date:

Complete and return this form, together with your proposal, CV and letter of support from your Head of Department (deadline 1 April 2019) to:

Anne Taft

European Venous Forum,

PO Box 172, Greenford, Middx, UB6 9ZN, UK

Tel/Fax: +44 208 575 7044

Email: [Admin@europeanvenousforum.org](mailto:Admin@europeanvenousforum.org)

[www.europeanvenousforum.org](http://www.europeanvenousforum.org)