



9th World Congress on Itch (WCI) 2017

October 15-17, 2017 in Wroclaw, Poland

Application Form for Travel Grant **Deadline: May 31st, 2017**

Please fill in and send this form, together with a copy of the page of your passport showing your name and birth date, to elke.weisshaar@med.uni-heidelberg.de or +49 6221 565584

Last name: _____ First name: _____

Middle name (if any): _____ Birth date: _____

Are you an IFSI member? ☐ Yes, I am ☐ No, I am not

Affiliation: _____

Mailing address: ☐ Office ☐ Home

E-mail address: _____

Fax number: _____

Title of the abstract submitted:

The organizer stores the information provided in this form only for the purpose of this application procedure. I understand that I do not have any legal rights against the decision of the organizer on the matter of this grant.

Your signature

Date