

APPLICATION FORM FOR FINANCIAL SUPPORT FOR YOUNG RESEARCHERS WHO ARE MEMBERS OF THE ITALIAN SOCIETY FOR RADIATION RESEARCH (SIRR)

Family Name _____ First Name _____

Affiliation _____

Address _____

ZIP code _____ City _____ Country _____

Phone _____ e-mail _____

The title of the contribution is:

I prefer: Oral or Poster presentation Poster presentation only

Please, note: the contribution, if selected, must be presented by the applicant

I enclose:

- the pdf file of the abstract to should be submitted to Micros2017
- an application letter addressed to President of the SIRR
- a one page CV of the applicant with reference to a maximum of three published papers

Signature