**Application form**

**‘Funding initiative at ESCAIDE 2017’**

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| --- |
| **Personal details** |
| Surname |  |
| First name |  |
| Address |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Telephone |  |
| Email |  |
| Nationality |  |
| **Employment details** **(must be the same as affiliation in the abstract, if applicable)** |
| What is your current employment status?[ ]  Employed (please give the employment details below)[ ]  Unemployed[ ]  Other, please specify:Are you currently working on a project funded by ECDC?[ ]  Yes. If yes, please specify the contract reference number:                               [ ]  No |
| Organisation |  |
| Department |  |
| Address |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| **Abstract details** |
| Are you the presenter of an abstract that was accepted at ESCAIDE 2017?[ ]  Yes (If more than one, please add rows below) [ ]  No Is your accepted abstract related to a project funded by ECDC?[ ]  Yes. If yes, please specify the contract reference number:                               [ ]  No |
| Title of Abstract |  |
| Submission track |  |
| ID number |  |
| Accepted form of presentation (Oral or Poster) |  |
| **Participation details** |
| Please indicate if you have participated in ESCAIDE before:[ ]  Yes. If yes, please specify the year(s) of participation:                       [ ]  No  |
| Please indicate for which days of the conference (6-8 November 2017) you plan to attend:  |
| **Motivation statement** **(max 150 words)**(please describe here why you believe you should benefit from this initiative)  |
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