

RHEUMATOLOGY YOUNG RESEARCHER TRAVEL AWARD

Name: _____

Date of Birth: _____ Age: _____

Professional address: _____

Tel No: _____ Fax No: _____

Email address: _____

Current status: _____
(e.g. postgraduate,
postdoctoral, training fellow)

Source of funding: _____

Conference: _____

Dates of travel: _____

Please fax completed form to the *Rheumatology* Editorial Office:
+44 (0)207 842 0903

A maximum of 200 words on your current scientific/ clinical areas of interest:

Brief (one side A4) curriculum vitae:
(degrees, institutions, dates, postgraduate education,
up to 5 recent publications)

How do you expect to benefit from attending the conference:
(up to 200 words)

Abstract submitted to the conference:

Supporting statement from Head of Department, or equivalent:

Name: _____

Signature: _____ Date: _____

Applicants signature: _____

Date: _____