

ASSOCIAZIONE A_IATRIS

SPOTLIGHT PROGRAMME EVENT AWARD – ITALIAN NODE A_IATRIS

APPLICATION FORM

This application form is an integral part of the Call for Applications and may not be altered in any of its components, please note that it is possible to insert new lines if necessary.

WARNING: all fields in the application form are mandatory.

Event Title _____

Planned date of the event _____

Target audience of the initiative (please select one or more options)

- Researchers
- Clinicians
- Students
- PhD Students
- Medical trainees
- Policy-maker
- Patient associations
- Stakeholder
- Representing civil society

Macro-Area _____

Brief description of the initiative in English (maximum 500 words - please include the purpose and objectives of the event, and highlight the presence of any international speakers and/or participation in other research infrastructures and/or involvement of patient associations)

Preliminary agenda _____

Lead proposing institution and co-organizing institutions _____

Names of scientific and organizational coordinators _____

E-mail address of the scientific and organizational eads _____

Total requested budget (maximum €15,000 including VAT)

Date

Scientific Organizer – Lead Applicant Institution

For notification to the Scientific Director of the Lead Institution