**The 16th AIDS Seminar - Application Form for Travel Award**

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| Name |  | |
| Date of Birth |  | Age |
| Home Address |  | |
| Affiliation |  | |
| Work Address |  | |
| Position | (job title / academic year) | |
| \*For non-students only, | I am not a tenured employee [ ]: Mark with ‘X’ if applicable. | |
| Phone |  | |
| Fax |  | |
| e-mail |  | |
| PI’s info | Name of PI(mentor):　　　　　　　　　 　　　　　　　Position: | |
| Affiliation: | |
| e-mail: | |
| Category | A or B 🡨 Please chose either of the two categories | |
|  |  | |
| The reason why you attend this seminar (maximum 2000 characters) | | |
|  | | |

Limit: only one page. Do not extend the page.