**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.