

GRANT APPLICATION FORM

ECC Association
Mrs. Eva Butler
Phone. +32 460 95 33 42
E-mail. eva.butler@ecc-association.com

www.ecc-conference.org
www.ecc-association.com



We are delighted to send you the grant application form for the **ECC DÜSSELDORF MEETING** which will take place from **June 13th – 15th 2018**. Please complete the form and send it back to ECC Association until **latest April, 30th 2018**.

First Name*: Last Name*:

Degree*: Male: Female:

Email*:

Phone*: Mobile*:

Hospital/Company*: HCP Position*:

Address*: ZIP-Code, City, Country*:

Date of birth: Department *:

Specification*: Cardiology Cardio Thoracic Surgery

Years of experience*:

Scope of interests*:

**mandatory fields.*

Guidelines for the grant applicant

With this grant application form you might be selected to join us at **ECC Düsseldorf** from **June 13th – 15th 2018**. Once selected, ECC Association will take care of your travel, hotel accommodation and registration fees.

I confirm that, as far as I know, the information in this application is true and correct

Date: _____

Signature: _____

Deadline for application submission is April 30th 2018.