



## Application Form (1/2)

Please review this document and supply us with detailed information.  
Send your completed form to: [ivirmaawards@ivirma.com](mailto:ivirmaawards@ivirma.com) by Thursday, 20<sup>th</sup> January 2019

First name	<input type="text"/>
Family name	<input type="text"/>
Country	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>

**Project details:**

Employer	<input type="text"/>
Project title	<input type="text"/>

**Project details:**

Background	<input type="text"/>
Research questions to be answered (300 words maximum)	<input type="text"/>
Materials and methods	<input type="text"/>



## Application Form (2/2)

### Project details:

Describe the innovation related to the grant application in a paragraph

Describe the potential interest for patients/companies

Estimated time for project completion

Estimated gross budget (excluding equipment)

### PERSONAL DATA

We process the information you provide, in accordance with our Privacy and Cookie Policy. By providing the above information, you consent to such processing and you warrant that all information you provide about yourself is true, accurate, current and complete. Furthermore, you confirm that you obtained the explicit consent of any other persons whose personal data you may provide.

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