

 Application for

 Scandiatransplant Travel Grant

**1. Contact information about applicant**

(Name, position etc.)

**2. Purpose of study travel**

(Note: Congresses, symposiums and postdoctoral study years will not be supported)

**3. Budget**

**4. Contact person in your hospital's financial department (who Scandiatransplant office can contact after a grant has been awarded concerning issuing of an invoice stating your hospital's bank account for research)**

**Name of financial contact person:**

**Address:**

**Cell phone:**

**E-mail:**

 **Send the application by e-mail to: scandiatransplant@rm.dk**