**CONGRESS GRANT TO ATTEND INRC 2025 (Bologna, July 8–11, 2025)**

**APPLICATION FORM**

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| PERSONAL DATA | | | | | | | | |
| FIRST NAME | |  | | | | | | |
| LAST NAME | |  | | | | | | |
| CODICE FISCALE | |  | | | | | | |
| PLACE OF BIRTH | |  | | | | DATE OF BIRTH | |  |
| MOBILE PHONE | |  | E-MAIL | |  | | | |
| ADDRESS |  | | | | | | | |
| NATIONALITY |  | | | COUNTRY OF RESIDENCE | | |  | |

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| --- | --- | --- | --- |
| AFFILIATION | | | |
| ISTITUTION |  | | |
| DEPARTMENT |  | | |
| ADDRESS |  | | |
| POSITION |  | | |
| PhD DEGREE  **(YES / NO). If yes, please specify the field** | | |  |
| RESEARCH FIELD | |  | |

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| OTHER INFORMATION | |
| TITLE OF SUBMITTED ABSTRACT |  |

**Self-Declaration of Current Position, Absence of Financial Support, and Membership Status**

I, the undersigned, hereby declare that:

* I am a member of the Italian Society for Neuroscience (SINS) and that my membership is currently active and in good standing with all dues fully paid.
* I currently hold the position of:  PhD Student /  Postdoctoral Fellow /  other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I confirm that I do not hold a permanent position.
* I do not receive any financial support from my home institution or from any other organization to attend the INRC 2025 conference.
* Should I be awarded any additional funding related to participation in this event after submitting this form, I will promptly inform the SINS Secretariat via email at segreteria@sins.it. I understand that I will waive the right to receive the grant offered by SINS for attendance at the INRC 2025 – International Narcotics Research Conference, even if I have already been selected.
* I am aware that any false declaration may result in the withdrawal of the grant and exclusion from future SINS funding opportunities.

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| **PLACE** | **DATE** | **SIGNATURE** |
| ………………………………………………… | ……………………………………….. | ……………………………………………………………………. |