

SOCIETÀ ITALIANA DI NEUROSCIENZE

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CONGRESS GRANTS TO ATTEND INRC 2025

International Narcotics Research Conference (Bologna, July 8–11, 2025)

The Italian Society for Neuroscience (SINS) is pleased to announce the availability of **5 (five)** congress grants to support pre-doctoral and post-doctoral members attending the **INRC 2025 – International Narcotics Research Conference**, to be held in Bologna, Italy, from July 8 to 11, 2025.

Each grant amounts to €400.

ELIGIBILITY

To be considered, applicants must:

- Be a SINS member in good standing (membership dues paid);
- Be the first (presenting) author of at least one Abstract accepted at INRC 2025;
- Be a pre-doctoral or post-doctoral fellow under the age of 36 at the time of the conference;
- Not hold a permanent position;
- Be an Italian citizen or resident;
- **Not receive financial support** from their home institution or other organizations to attend the event.

APPLICATION PROCEDURE

The application must be submitted via email to application@sins.it.

Subject line: "INRC 2025 - Congress Grant Application"

The following documents must be attached:

- 1. Completed and signed application form (template provided below)
- 2. Proof of Abstract submission and congress registration (e.g., confirmation emails or screenshots);

RECIPIENTS WILL BE SELECTED ON A FIRST-COME, FIRST-SERVED BASIS, PROVIDED ALL ELIGIBILITY CRITERIA ARE MET.

The grant amount will be reimbursed by SINS upon presentation of proof of payment for the registration fee and a certificate of attendance issued by the conference organizers at the end of the event.

IMPORTANT DATES:

Application deadline: May 30, 2025 - 23:59 CEST **Notification of award:** June 10, 2025 (tentative date)

Please note that late applications will not be considered.

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

PERSONAL DATA						
FIRST NAME						
LAST NAME						
CODICE FISCALE						
PLACE OF BIRTH				D	ATE OF BIRTH	
MOBILE PHONE		E-MAIL				
ADDRESS						
NATIONALITY			cou	JNTRY OF RESIDENC	E	
AFFILIATION						
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DEPARTMENT						
ADDRESS						
POSITION						
PhD DEGREE (YES / NO). If yes, please	specify the field					
RESEARCH FIELD						
		OTHER IN	IFOF	RMATION		
TITLE OF SUBMIT ABSTRACT	TED	OTHER IN	IFOF	RMATION		
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