



To be completed by a Young Scientist (<36 years) wishing to attend a FEMS Meeting. Submit your application to the meeting organisers, <u>NOT</u> to FEMS.

Surname (of applicant):			
First name(s)			
Address: (for correspondence)			FEMS Business Office Delftechpark 37a 2628 XJ Delft The Netherlands T +31-15-302 0050
Postal Code, City, Country:			E fems@fems-microbiology.org I www.fems-microbiology.org
Telephone:			
Fax:			
Email:			
Date of Birth:			
FEMS Member Society to which you subscribe:		[Please add confirmation by any officer of the society]	
Recommendation by another member:	Recommended by (name):	FEMS Member Society:	
Place of Employment:			
Position held:			
Research area:			
Number of years of research experience:			
FEMS Meeting to be attended:			
Date and place of meeting:			Registered Charity,
Reason(s) for attending the FEMS Meeting: (continue overleaf)			(No. 1072117) Company Limited by Guarante (No. 3565643) Registered in England
Signature of applicant:			
Place, date of signing:			