



SIPA GRANTS APPLICATION FORM

To be submitted to alessandra.piccirillo@unipd.it after the acceptance for Oral Presentation and no later than April 10th 2023.

Family Name _____ First Name _____

Position _____ F M

Date of Birth D/M/Y _____ Age _____

Company/Organisation _____

Department _____

Address _____ City/Town _____

Country _____ Postal Code _____

Telephone (including country area code) _____ E-mail _____

Bio Sketch:

Abstract Accepted as ORAL Presentation:

Abstract Title:

Please, mark the applicable. I am

PhD Student

Post-Doc

