



BSSVD Meeting Bursary Application Form

Personal Details:

Surname: Forenames:

Title:

Current position/post:

Department address:

.....

Post code:

Business

Tel: Work Tel:

E-mail:

I confirm that I am a member of the BSSVD YES/NO

I have attached a copy of my CV YES/NO

Details of the meeting to be attended:

Title of presentation/poster:

Please submit this form to admin@bssvd.org along with your abstract

Signature:

Date: