



Application Form (1/2)

Please review this document and supply us with detailed information.
Send your completed form to: ivirmaawards@ivirma.com by Thursday, 20th December 2018

First name	<input type="text"/>
Family name	<input type="text"/>
Country	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>

Project details:

Employer	<input type="text"/>
Project title	<input type="text"/>

Project details:

Background	<input type="text"/>
Research questions to be answered (300 words maximum)	<input type="text"/>
Materials and methods	<input type="text"/>



Application Form (2/2)

Project details:

Describe the innovation related to the grant application in a paragraph

Describe the potential interest for patients/companies

Estimated time for project completion

Estimated gross budget (excluding equipment)

PERSONAL DATA

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