**International Brucellosis Society 2024 Research Conference**

**Travel Award Grant Application**

Provide the requested details.

Name:

Institution/Affiliation:

Address:

Email:

Name of sponsor (someone who can verify your eligibility) and contact email:

Please check or indicate one:

x

 Graduate student

 Post-doctoral student 

 New investigator 

Established investigator 

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for priority consideration: