# Application for EHA grant to attend EHA´s conference in Bucharest 4th to 6th October 2019

## Applicants Details

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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Age:** |  | **Telephone**  |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

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| --- | --- |
| **HD Relation\*\*:** |  |
| **Motivation for coming to the conference:** | **we don’t ask for your HD status, just a short description of your family background. For instance: My mother has the disease. My partner is affected** |

## Banking Details

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| --- | --- |
| **Name of the bank:** |  |
| **Account holder:** |  |

|  |  |
| --- | --- |
| **IBAN number:** |  |
| **Swift Number:** |  |

|  |  |
| --- | --- |
| **Signature:** |  |