

18TH INTERNATIONAL CONGRESS ON ANIMAL REPRODUCTION TOURS – FRANCE 26 – 30 JUNE 2016

APPLICATION FORM

Familyname:	_ First name:
Position:	_ F 🗆 M
Company/Organisation:	
Department:	
Address:	_ City/town:
Country:	_ Postal code:
Telephone:	_ Telefax:
E-mail:	
Abstract title: Please, mark the applicable. I am	
PhD student	Post-Doc
Describe financial situation and show that wi ICAR 2016:	thout support, you would not be able to attend



Describe how attending ICAR 2016 will help you meet your professional goals:

Short CV (with birthdate) / Most important publications:

Date

Signature



LETTER OF SUPPORT

Applicant	
Familyname:	_ First name:
University:	
Institution/ Department:	
E-mail:	
Academic Supervisor	
Familyname:	_ First name:
Position:	_ Academic title (Prof., Dr., or other):
University:	
Institution/ Department:	
This is to certify that	(name)
is a registered as student or a Post-Doc at my	university/institution and I am his/her academic supervisor.

Date

Signature - Academic Supervisor

Signature – Head of Department/Division

Please, return the completed Letter of Support either to <u>Pascal.Vaudin@tours.inra.fr</u> and <u>Massimiliano.Beltramo@tours.inra.fr</u>. The deadline for application is 29 february 2016.