

GRANT APPLICATION FORM

It is recommended to submit an abstract with the Grant Application

To apply for a Young Investigator grant, your application must contain the following documents:

- ☐ Grant application form
- ☐ Current CV
- ☐ Letter of recommendation from your program Director/Head department

Candidates must be under the age of 35/in their last year of residency

All grant applications must be submitted to: hivpersistence@overcome.fr

Successful applications include one full scientific registration to attend PW19 as well as two nights' accommodation and a travel stipend.

IDENTIFICATION

Title: Mr. ☐ Ms. ☐ Dr. ☐

LAST NAME _____ First name _____

Address (Hospital, street...) _____

Postal Code: _____ City / COUNTRY _____

Email: _____ Mobile phone* (for Overcome staff use only) _____

Nationality: _____ Passport ☐ or ID Card ☐ Number: _____

Exp. date: _____ Date of birth: _____

ACCOMMODATION

The PW19 is taking place at the Marriott Biscayne Bay Hotel in Miami and a certain number of rooms have been booked for young trialists, and are subject to availability at the time of the confirmation of your stay. You will receive a formal confirmation once you have submitted this form.

The cost of **2 nights** for a room (single use) will be covered for the duration of the meeting for successful applications (only).

Please indicate your hotel accommodation needs:

- ☐ Night of **Tuesday, December 10** (Pre-opening)
- ☐ Night of **Wednesday, December 11** (Day 1)
- ☐ Night of **Thursday, December 12** (Day 2)
- ☐ Night of **Friday, December 13** (Day 3)
- ☐ I do not need any accommodation

Special requests:

- **Double occupancy:** YES ☐ / NO ☐ (for __ nights)
(a supplement per night applies – payable onsite)
- **Food diet** (allergy, veg...): _____

* Sessions are scheduled from 8 am to 7 pm. Please check your sessions (day and times) before completing this form.

PERSISTENCE WORKSHOP / Overcome Agency

Phone (land line): + 33 (0)1 40 88 97 97

E-mail: hivpersistence@overcome.fr

Please return the form by email

PW19 Venue

Marriott Biscayne Bay
1633 North Bayshore Drive
Miami, Florida 33132 USA

TRAVEL GRANT

PW19 grants the following travel stipend for each invited young grant recipient, based on a return trip of **\$250**

If you require Overcome to help in bookings for your travel, please specify. Contact hivpersistence@overcome.fr

Travel grants will be distributed onsite (for successful applications only). Special slots to receive your travel grant will be organized at the registration desk. Please take an appointment upon your arrival.

SOCIAL FUNCTIONS

I will attend the **Workshop Dinner** on **Tuesday, December 10**

☐ Yes

☐ No

I would like to bring an accompanying person (**\$85 extra per dinner**)

IMPORTANT INFORMATION

ACCEPTANCE / DENIAL: Please note that only a limited number grants will be distributed. Only complete applications will be considered and will be accepted on a first-come, first-served basis. You will receive a notification by the PW19 Team once the organizing committee has taken a decision.

CREDIT CARD INFORMATION

Your credit card information is required for double occupancy, extra nights, accompanying person at the dinner(s). We will not be able to confirm the arrangements for your stay unless we are provided with all details.

I hereby authorize Overcome to charge my credit card for the amount of \$ _____

☐ Visa

☐ Euro/Master Card

☐ AMEX

Card N°: _____

Name of the holder: _____

Expiry Date (MM/YY) __ / __

Cryptogram (3 or 4 digits): _____

Date

Signature

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