Application Form

ISCB Conference Awards for Scientists

45th Annual Conference of the ISCB, Thessaloniki, Greece

21-25 July 2024

|  |  |
| --- | --- |
| First name(s) |  |
| Surname |  |
| Title(s) |  |
| Country of residence |  |
| Current affiliation (Postal address) |  |
| Current position |  |
| Research Interests |  |
| English proficiency |  |
| Title of the submitted abstract |  |
| Two most relevant publications |  |
| Previous ISCB awards (years, presentation titles) |  |

I prefer to give (i) an Oral Presentation (ii) a Poster (please, select the option which applies). However, I understand that the SPC will make final decision in this matter.

I agree to become a member of the ISCB for the year 2024 if I am granted the award. There will be no charge for this.

Date: Signature: