



The Sixteenth Congress of the International Pediatric Nephrology Association

August 30 – September 3, 2013 · Shanghai, China

www.ipna2013.org

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Travel Grant Application Form

First Name/Given Name:

Last Name/Family Name:

Affiliation/Institution:

Degree and Position:

Date of Birth:

Mailing Address (including country and area):

Telephone (including country and area codes):

Fax (including country and area codes):

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Abstract Number:

Have you attended other international nephrology meetings and been awarded “Travel Grant”? If yes, please describe what/which congress:

Why do you wish to attend this congress:

Signature by Applicant

Date

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