**Please fill in the form and return it (as an attachment) by e-mail to:**

**Mikkel Terp**

**mobile phone: +45 6550 7903**

**email: mterp@health.sdu.dk**

**Participant:**

Name:

Institution:

Department:

Address:

Postal Code:

City:

Phone:

E-mail:

I am a student actively participating (abstract submitted for poster/oral) at the meeting and would like to apply for a **“AH diagnostics Travel Grant”** (DKK 500)\_\_\_

**Social program:**

(Price: free for members, DKK 150 if not a member)

I would like to participate in the dinner \_\_ Yes \_\_ No

I am a member of the Immunology Society \_\_ Yes \_\_ No

**Abstract format - NOTE!**

Abstracts must be no more than 250 words all included and should include:

1. Title
2. Author(s) – presenting author underlined
3. Affiliation including phone and e-mail address
4. Text – written in English

All presentations will be held in English

**Type abstract on a new page, i.e., the next page.**