



APPLICATION FORM - ERIC Projects

Title of Project:

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Project Leader

Name:

Institution

Department

Institution Address

Postal Code..... City

Country.....

E-mail.....

Phone

Fax

Contact Person (if different from the Project Leader)

Name:

Institution

Department

Institution Address

Postal Code..... City

Country.....

E-mail.....

Phone

Fax

Members of Project Group

Please indicate their affiliation and position (if applicable)

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General aims (briefly describe in a bullet point manner the aims of the project)

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Scientific deliverables (list any expected “practical” achievements e.g. guidelines, scientific publication, new protocol, etc)

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Signature Project Leader

Please complete and return this form via one of the following methods:
Email to: ERIC@clinic.ub.es
Fax to: +34 932 279 811 for the attention of Dan Wilde - ERIC Executive Officer
Post to : Prof. Emili Montserrat, Hospital Clinic, C/Villarroel 170, 08036 Barcelona, Spain