Application for EHA support to attend EHA meeting and EHDN conference in Vienna September 13th-16th 2018

Name:

Age:

HD relation: (we don’t ask for your HD status, just a short description of your family background. For instance: My mother has the disease. My partner is affected)

Adress:

Email:

I am an EHDN member:

I have applied to be an EHDN member:

What is your motivation to come to Vienna:

Please note that the max amount that can be granted is 250 Euro. And you need to provide original receipts up-front of reimbursement.