



ASPIRE

Award for Scientific Progress
in Immunodeficiency Research

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AWARDS

Letter of Intent

Personal Information

Applicant's Name:

Applicant's Surname:

Position and affiliation:

Office Address:

Date of Birth:

Email:

Telephone:

Supervisor

Supervisor's Name:

Supervisor's Surname:

Position and affiliation:

Email:

Telephone:

Institution / Hospital where the project will be carried on

Institution's /
Hospital's name:

Address:

Email:

Telephone:

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Project Information:

Title:

Project Duration:

Intended start date:

Intended end date:

Other Funding:

Applicant's Bio

(max. 1000 characters)

Project Abstract (max. 2000 characters)

Background:



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Study Objective / Hypothesis:

Methods / Design:

Expectations/ Contribution to the field of science:

Bibliography:

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- By completing this form, you acknowledge that you have read, and do hereby accept the terms and conditions of participation stated in the website.

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