

IPOPI NMO Support Programme

APPLICATION FORM

Name of organisation (NMO)

Chairman of NMO

Do you represent

An established NMO

An emerging NMO

Name

Address

Contact telephone/fax numbers

Email address

A short budget statement with all the amounts shown as Euro (€)

A brief description of the project

Name and position of your main contact with IPOPI

The contents of this application are true to the best of my knowledge

Signature **Name** **Date**

Please include a letter of support from one or more clinical immunologists in your country. By making an application you should know that you give IPOPI liberty to approach immunologists in your country for a further reference.

If applicants are from emerging NMOs they must understand that they should have been in contact with IPOPI for some time and have established their intention of forming an NMO in their own country. Applications will not normally be considered from those approaching IPOPI for the first time.