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| **Action Number** | **CA20113** |
| **Action Name** | **PROTEOCURE** |
| **Action Title** | **A sound proteome for a sound body: targeting proteolysis for proteome remodeling** |
| **Action Dates** | **15/102021 – 14/10/2025** |

**Application for participation support**

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| **1. Applicant** |
| **Name of the Researcher** |  |
| **email** |  |
| **Position** **(PhD student, Post-doc, other)** |  |
| **Laboratory (name of PI)** |  |
| **Phone/Cell phone** |  |
| **Name of the Institution**  |  |
| **Country** |  |
| **2. Expenses linked to the participation of ProteoCure Annual Meeting** |
| **Travel**  |  |
| **Number of days attending the meeting x 150 € of DA** |  |

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| **3. Justification of claim** |

Please explain your application (reasons to participate to the meeting, financial situation of the lab, …)