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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** | **01/11/2021 – 31/10/2025** |

**Application for an ITC Conference Grant**

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| The ITC Conference Grants support financially **ProteoCure laboratory member from Inclusiveness Target Countries (ITC) / Near Neighbour Countries (NNC)** for their participation in high-level conferences towards establishing a strong network and increase their visibility in the research community through sharing their work and acquiring new knowledge. | |
|  | |
| **1. Applicant** | |
| **Full Name** |  |
| **Position (e.g. PI, Professor, Post-doc, PhD student)** |  |
| **ProteoCure Laboratory** |  |
| **e-mail** |  |
| **Phone** |  |
| **Name of the Institution** |  |
| **Institution Country** |  |

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| **2. Conference details** | |
| **Type of Conference** (Face to Face or Virtual) |  |
| **Conference title** |  |
| **Conference Web-page** |  |
| **Conference Venue** |  |
| **Conference Start and End dates** |  |

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| **3. Accepted contribution details** | |
| **Title of the presentation** |  |
| **Type of the presentation** (oral/poster) |  |
| **Co-authors** |  |
| **Other details of the presentation:** (e.g. title of the session / track of the conference programme in which the contribution is accepted) |  |

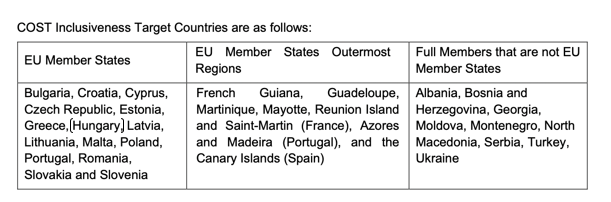
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| **4. Relevance of the conference topic to the ProteoCure Action** |
| **Description of the relevance of the Conference to the Action (e.g., MoU objective, deliverable or WG task).** *(max.500 word)*  Applicant enters max. 500-word summary here. |

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| **5. Motivation and expected impact** |
| **Description of the applicant’s motivation to participate in the conference and potential impact on the applicant’s career.** *(max.500 word)*  Applicant enters max. 500-word summary here. |

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| **6. Justification of the Grant amount requested**  *Please note that unrealistic or excessive requests may result in rejection or adjustment by the evaluators* | |
| **Dates of travel** |  |
| **Transport type and cost** |  |
| **Accommodation cost**  (specify housing cost per night and estimation for meals only if not included in the conference fee) |  |
| **Conference fee** |  |
| **Other costs**  (specify the type of cost and the amount) |  |
| **Total Requested Budget** |  |

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| **7. Additional Required Documents** |
| **Do not forget to send a copy of your abstract, a short CV and the acceptance letter from the conference organizer, together with this application form.**  *E-mail* your ITC conference grant application package as a single pdf file entitled with your surname to the ProteoCure Meeting team (meetings@proteocure.eu). Please, write “ITC Grant Application” in the subject line of your e-mail. |

**ANNEX: List of the ITC and NNC** (last update: July 2023)



COST Near Neighbour Countries are:

Algeria, Azerbaijan, Egypt, the Faroe Islands, Jordan, Kosovo, Lebanon, Libya, Morocco, Palestine, Syria, and Tunisia.