**The Italian Society**

**for the Study**

**of Headaches**

**APPLICATION FORM**

**THE ENRICO GREPPI AWARD 2024 – 24th Edition**

**DEADLINE: 15 May 2024**

# **Author Details**

|  |  |
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| **Personal Details** | **Applicant** |
| Name (surname, name) |  |
| Resident Country |  |
| Office Tel. |  |
| Mobile |  |
| Email |  |
| **Present Employment Details** |  |
| Position Title |  |
| Department |  |
| Company/ Organization |  |
| Country |  |
| National Affiliated European Society |  |
| Email National Society |  |
| **Brief Professional Profile (not more than 200 words)** |  |

**Research paper submitted**

|  |  |
| --- | --- |
|  | **Article details** |
| Title of Journal article |  |
| Publication Date (dd/mm/yy) |  |
| Name of Journal |  |
| Volume & Page Number |  |
| Digital Identification Number |  |
| Name of Authors (as per publication)  |  |
| Role of Author (applicant) |  |

# **Declaration Certificate**

|  |
| --- |
| I hereby certify that:1. I am a member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*complete name of National Society*) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate the year of membership*) affiliated with the European Headache Federation.
2. I have informed my co-authors that I have submitted this paper for judging.
3. I confirm that the paper meets the criteria outlined in the call.
4. I have attached a PDF copy of the paper and give permission for it to be shared with the Selection Committee.
5. I acknowledge that to receive the Greppi Award I am obliged to give a presentation of the submitted publication, as part of the award ceremony, at the annual conferences of the Società Italiana per lo Studio delle Cefalee and the European Headache Federation.
6. I confirm that the information supplied in my application is correct and complete.
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Information**

*Please note that your data and documents submitted for the call will be processed for the purpose of evaluating your application, for the selection process and – in case of selection – for the administration of the award and for documentation purposes. Your data will be stored as long as legally requested or necessary for the administration of the award.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This form and the publication should be sent to*** ***sisc@sisc.it******.***