



Consortium of Sleep Training Laboratories

A P P L I C A T I O N

¶ Family Name: _____ First Name: _____

Citizenship/Nationality: _____ Date of Birth: _____

Home Address: _____

_____ Country: _____

Tel. No.: _____ FAX No. (if available): _____

.....

• Originating Laboratory and/or Director: _____

Address: _____

Tel. No.: _____ FAX No. (if available): _____

.....

, Consortium Laboratory and/or Director: _____

Address: _____

Tel. No.: _____ FAX No. (if available): _____

Prospective Supervisor: _____

Dates of Fellowship: From: _____ To: _____

.....

„ Have you applied for a travel fellowship from another organization? YES NO

IF YES: Name of Organization: _____

Amount of Award: _____ Dates of Award: _____

Status of Award: Received Rejected Other (Please explain _____)

Fields of training and research experience.

.....
Brief curriculum vita including University education, employment, positions held, etc. (Please use continuation sheets, if necessary)

.....
.. List below your three most important publications. (Please enclose 2 reprints of each publication)

a.

b.

c.

.....
30 Research program. Present an overview of the proposed research including the specific aims and a description of the methods that will be employed. (Please use a continuation sheet—no more than one single-spaced page)

.....
4 Relevancy of the proposed training to the future career of the candidate. (Please use a continuation page—no more than one single-spaced page, if necessary)

.....
Amount requested for travel to the Consortium Laboratory \$ _____ US

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Signature of Applicant

Date

Signature of the Director of the Laboratory of Origin

Deadlines for the Receipt of Applications
February 1st and September 1st

Return your Application to:

Pier Luigi Parmeggiani, M.D.
WFSRS Consortium of Sleep Training Laboratories
Istituto Fisiologia
University of Bologna
Piazza Porta San Donato 2
Bologna 40127 ITALY
Tel: 39-51-244-499 Fax: 39-51-251-731