

## SERONO YOUNG INVESTIGATOR AWARD 2005



### APPLICATION FORM (Application Deadline: 3 January 2005)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Title/Function: \_\_\_\_\_

Department/  
Supervisor \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

This application form should be accompanied by:

1. A one page summary including the following items:

- Description of the discovery/invention
- Importance of the discovery/invention
- Importance of the discovery/invention for commercial or therapeutic purposes
- Copy of the publication or patent filing, if available

2. The applicant's curriculum vitae (including list of publications)

If requested, the application form and information provided will be treated confidentially.

Please return application form and the required documents to the attention of:

Prof. Ann Kato, Faculty of Medicine, Dept. Basic Neuroscience, University of Geneva, Centre Médical Universitaire, 1 rue Michel-Servet, 1211 Geneva 4. (e-mail [Ann.Kato@medecine.unige.ch](mailto:Ann.Kato@medecine.unige.ch) or fax 022-379 54 52).