



# ESF Research Networking Programmes Exchange Grant Acceptance Form

## APPLICATION

Reference N° **4918** Submission date **13/10/2014**

## ESF ACTIVITY

Unit(s) **EMRC**  
Activity Title **Network of Orofacial Clefts Research, Prevention and Treatment**  
Activity Acronym **EUROClleftNet**

## PROJECT

Title **Functional validation of genes and regulatory elements in CNVs associated with orofacial clefting**  
Duration (weeks) **24** Date of visit (starting date) **01/11/2014**  
Applicant **Dr. Conte Federica, Trecenta (RO), IT (federica.conte@student.unife.it)**

## HOST INSTITUTE(S)

**Dr. Zhou, Nijmegen, NL (j.zhou@ncmls.ru.nl)**

## BUDGET GRANTED

Travel costs **320 €** Subsistence Allowance **9600 €**  
**TOTAL MAXIMUM ESF FUNDING 9920 €**



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## ACCEPTANCE

- I intend to avail myself of the funds awarded to me **Yes**
- I certify that I will be using the money received for the purpose for which the funds have been awarded in accordance with the ESF Guidelines **Yes**
- I acknowledge having read the ESF Guidelines carefully, including conditions of award and penalties, and I confirm that I adhere to them **Yes**

## BANK COORDINATES

- Account Holder:  
**Conte Federica  
Via G. Resemini n. 12  
45027 Trecenta (RO) Veneto, IT**
- Bank Details:  
**Banca Annia - Credito Cooperativo di Cartura e del Polesine s.c.  
Via Roma n. 15  
35025 Cartura (PD) Veneto, IT**
- IBAN **IT66H0845263480000000030226**
- SWIFT **ICRAITRRCK0**
- Remittance Ref.

## SIGNATURE

Date: .....

Applicant's signature: .....