



APPLICATION FORM

THE ENRICO GREPPI AWARD 2024 – 24th Edition

DEADLINE: 15 May 2024

Author Details

Personal Details	Applicant
Name (surname, name)	
Resident Country	
Office Tel.	
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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:

- a) I am a member of the _____ (*complete name of National Society*) from _____ (*indicate the year of membership*) affiliated with the European Headache Federation.
- b) I have informed my co-authors that I have submitted this paper for judging.
- c) I confirm that the paper meets the criteria outlined in the call.
- d) I have attached a PDF copy of the paper and give permission for it to be shared with the Selection Committee.
- e) 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.
- f) I confirm that the information supplied in my application is correct and complete.

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.