



13th World Congress on Itch (WCI)

October 12-14, 2025, Heidelberg, Germany

Application Form for IFSI Travel Grant

Please fill in and send this form, together with a copy of the page of your passport showing your name and birth date, to

elke.weisshaar@med.uni-heidelberg.de or +49 6221 565584

Last name: First name:

Middle name (if any): Birth date:

Are you an IFSI member? ☐ Yes, I am ☐ No, I am not

Affiliation:

Mailing address: ☐ Office ☐ Home

E-mail address:

Fax number:

Title of the abstract submitted:

The organizer stores the information provided in this form only for the purpose of this application procedure. I understand that I do not have any legal rights against the decision of the organizer on the matter of this grant.

Your signature

Date