

BURSARY APPLICATION FORM

HTLV Conference 2026

Personal details

First name _____

Surname _____

City _____

Country of residence _____

The name of any organisation that you are representing, if applicable.

Please complete the boxes below

****Please attach a letter of support from the community organisation or a related research or healthcare organisation****

1. A description of your role in the HTLV community (maximum 200 words).

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2. A description of how you would benefit from attending the HTLV conference and how this will be fed back locally? (maximum 150 words).