



CSRS-Europe Research Grant (Supported by Medtronic spine, Europe)

Acceptance Form:

Title and Name	
Institution	
Present position of Principal Applicant	
Contact address	
Telephone	
E-mail	

I confirm that I have read and hereby agree on behalf of myself and my collaborators to abide by the terms and conditions for the research grant ('the grant') as set out. We understand and accept that failure to comply with these terms and conditions may lead to the termination of the grant and that the CSRS-Europe reserves the right to then recover grant monies in part or in full.

Signature Date

Please return the completed acceptance form and any other required or supporting PDF documents by e-mail to both the administrative secretary and chairman of the Research and Education Committee of the CSRS-Europe: