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Application Form for the Research Award Tinnitus & Hearing 2024

We kindly ask you to fill in as well as sign this form and to attach a scan of your application to your e-mail or include a copy of your application with your letter.

1. Confirmation of exclusive submission

☒ I hereby confirm that the scientific work submitted for the Research Prize Tinnitus & Hearing 2024 has not been submitted for any other prize and that this work will not be submitted for any other prize until the decision on the award of the prize has been made.

2. Confirmation of authorship

The scientific work submitted by me for the Research Prize Tinnitus & Hearing 2024 involved several authors:

☒ Yes ☐ No

The following person is applying for the award (surname, first name)

PD Dr. Barbara Vona

I hereby confirm that all authors and co-authors of the submitted work agree to the application for the Research Prize Tinnitus & Hearing 2024.

☒ Yes

Göttingen

04.08.2024

Vona, Barbara

Place

Date

Name, First Name

Signature