



CENTRE FOR THE STUDY OF  
MEDICINE AND THE BODY  
IN THE RENAISSANCE

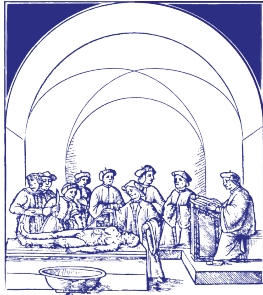
Viva Mente  
*The Garden of Ideas*



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APPLICATION  
FORM





DOMUS COMELIANA

CENTRE FOR THE STUDY OF  
MEDICINE AND THE BODY  
IN THE RENAISSANCE

## VIVAMENTE 2021

### PERSONAL DETAILS

*Name* \_\_\_\_\_ *Surname* \_\_\_\_\_ *Title* \_\_\_\_\_

*Address* \_\_\_\_\_

*Town* \_\_\_\_\_

*County / State* \_\_\_\_\_

*Post code* \_\_\_\_\_

*Country* \_\_\_\_\_

*E-Mail* \_\_\_\_\_

### FOR CSMBR ASSOCIATES AND SANTORIO FELLOWS: Current Position

*University* \_\_\_\_\_

*Department* \_\_\_\_\_

*Course* \_\_\_\_\_

*Title of thesis* \_\_\_\_\_

*Supervisor* \_\_\_\_\_

### TITLE OF THE PROJECT

Via Cardinale Pietro Maffi 48, 56126 Pisa – ITALY

Tel. +39 02 006 2051 Email: [info@csmbr.fondazionecomel.org](mailto:info@csmbr.fondazionecomel.org)



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**INTENDED OUTCOMES (e.g. thesis, article, monograph, seminar series, exhibition)**

**COLLABORATORS / CO-ORGANISERS**

<i>Name</i>	<i>Surname</i>	<i>Affiliation</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER SPONSORS (in case of the event exceeding the amount provided by VivaMente)**

<i>Name of the Sponsor</i>	<i>Country</i>	<i>Sponsor's Commitment to Sustain the Event</i>
_____	_____	Yes* / No
_____	_____	Yes* / No
_____	_____	Yes* / No

**\*A letter of commitment must be attached to this application for each of the sponsoring institutions**

**PROJECT DESCRIPTION (Max 1000 words)**

The Description should contain

- ✓ Relevance of the Event and state-of-art



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- ✓ Suitability for the VivaMente Award
- ✓ Invited Speakers
- ✓ Details of Organisation



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**TIMETABLE**

*Period*

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*Start date* \_\_\_\_\_

*End date* \_\_\_\_\_

**FINANCIAL DETAILS: complete the separate Excel spreadsheet.xlsx.**

**REFEREE FROM A CSMBR PERMANENT MEMBER (Associates Members and Santorio Fellows)**

*Name* \_\_\_\_\_

*Position* \_\_\_\_\_

*Department* \_\_\_\_\_

*Institution* \_\_\_\_\_

*E-Mail* \_\_\_\_\_

**PREVIOUS EVENTS ORGANISED**

*Please list up any past events you either organised or helped to organise and that might be relevant to this application)*

<i>Type of event</i>	<i>Date</i>	<i>Place</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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## CONDITIONS OF THE AWARD

Events founded under the VivaMente Award are granted upon organiser/s complying with three main conditions:

1. Organiser/s are personally accountable for any expenditure exceeding the budget provided under the award, which they shall repay in full to the CSMBR even in case of other sponsors not complying with their prior commitment to fund the event.
2. Regardless of title and nature of the event (conference, symposium, seminar, colloquium, etc.), the organiser/s are bound to name the event with the standard formula «VivaMente event on» (e.g. Vivamente Conference on Arabic Pharmacology, VivaMente Seminar on The History of Science and Technology, etc..).
3. For any of the event expected outcomes, organiser/s will acknowledge the sponsorship of the *Centre for the Study of Medicine and the Body in the Renaissance* (CSMBR) under the VivaMente ref. followed by the number of the grant and the logo of the grant and/or that of the centre.
4. The successful applicant is bound to publish the proceeding of the event with PSMEMM and, if permission is granted by the editors to publish elsewhere, is bound to comply with the conditions declared under point 3.





## PRIVACY POLICY

The CSMBR will as a result of your application hold data on you. This data will include the information on this application form and any further information that the CSMBR may request from you in connection with this application. It will be used only for the process of assessing applications and making awards under this scheme.

**I declare that the information given on this form is correct. I have read the conditions applying to this application as advertised on the website and on this form and accept them. I accept that CSMBR is entitled to impose further conditions on any offer of an award it may make.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**ONCE COMPLETED, SAVE THIS FORM AND THE ACCOMPANYING  
EXCEL DOCUMENT. ADD A RECENT CV OF YOURS AND E-MAIL ALL OF  
THEM AS ATTACHMENT TO**

**[info@csmbr.fondazionecomel.org](mailto:info@csmbr.fondazionecomel.org)**

