N° registration: 2024/

Complete and send this form with the required documents (see description of the call) to Cécile Bernard, project manager: cecile.bernard.1@univ-amu.fr

**GENERAL INFORMATION**

**Principal investigator – manager of the team**

|  |  |
| --- | --- |
| Last name:  | Laboratory: |
| First name:  |  |
| E-mail:  | Address:  |
| Phone: |  |
| Professional status: |  |
|  |  |

**PRESENTATION OF THE TEAM**

Description of the team composition:

Key words:

Description of the scientific achievements and research programs of the team (How the research program is linked to the rare disease field; potential collaborations with MarMaRa’s teams; the added value the team would provide to the institute) (3 pages max):

Name and signature of the director of the unit:

Signature of the manager of the team: