### Application for financial support

One copy of this **Application form** should be completed by each participant seeking financial support.

Please type or print in block letters and return **preferably by email** **to** iricbw2017@gmail.com

Title: ( ) Prof. ( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms.

Current position: ( ) Undergraduate student ( ) Postgraduate student ( ) Post-doc

( ) Researcher

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facsimile: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will be your **total travel cost** only, in US$? \_\_\_\_\_\_\_\_\_\_\_\_\_

(do not include here the costs for hotel and food since

these costs will be fully covered by the organisation)

What contribution will be made by your University/Institute? \_\_\_\_\_\_\_\_\_\_\_\_\_

What contribution can you make yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_

Total you are seeking from the workshop organisers \_\_\_\_\_\_\_\_\_\_\_\_\_

All reimbursements will be made by COSPAR through bank transfer on the basis of receipts. If you need to be reimbursed in another way, talk to the organizers before arriving so we can work out the proper arrangements.