



GRANT APPLICATION FORM

*This Form should be submitted to the Chairperson of the Scientific
Organizing Committee by the specified deadline*

APPLICANT

Family Name: _____

First Name: _____ Middle Name: _____

Birth Date _____ Gender: _____
(mm/dd/yyyy)

Academic Situation _____ Citizenship: _____
(PhD, Post-doc, Prof. Researcher, etc.)

Institute of Work: _____

Country of Work: _____ City of Work: _____

Address: _____

E-mail Address: _____

Phone: _____

Meeting Title: _____

Location (city, country): _____

Dates of Meeting: _____

PRESENTATION:

Nature of contribution to the meeting: _____
(e.g. review talk, thesis presentation, poster, etc.)

Title of presentation: _____

Amount of IAU support (in EUR) requested: _____

Comments:

Signature of applicant:

Date and place: _____

For PhD students name of thesis Director/Supervisor:

Signature of thesis Director/Supervisor:

Institution: _____