



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:

Meeting Title: Meeting Number:

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 Ph.D students, name of thesis Director/Supervisor:

Signature of thesis Director/Supervisor:

Institution: