

FUNDING APPLICATION FORM FOR (mention type of event)

Applications should be addressed to:

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A. Facultad de Veterinaria, edificio 17, Campus de Espinardo. Universidad de Murcia
30100-Murcia. Spain**

1. APPLICANT

Name:
Official Address:
.....
.....
Telephone:.....
Fax:
Email:

2. TITLE OF EVENT:

3. LOCATION:

4. DATE:

5. PLANNED PROGRAMME IN DETAIL (Please use separate sheet, maximum length of 1 page).

6. PARTICIPANTS

Please indicate:

Total number of participants expected (including speakers):

Number of invited speakers:

Number of younger (<30 years) participants:

Number of participants from host country:

Please provide a list and addresses of the invited speakers/teachers, and indicate those who have already agreed to come.

7. DRAFT BUDGET (in €)

1. Expenditure:

(i) Invited participants (including speakers):

travel:

subsistence:

(ii) Grants to be provided to younger participants:

number =; cost:

(iii) Organization expenses:

(Assistance, Postage, Rent ...)

TOTAL EXPENDITURE:

2. Income:

(i) Request to IUPAB:

(ii) Request to Local Agencies:.....

(iii) Request to other International Agencies:

(iv) Registration Fees:

(v) Other:

TOTAL INCOME:

8. SCIENTIFIC SCOPE OF THE WORKSHOP/COURSE (10 lines):

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