

**European Crystallographic Association**

**ECA**

**Application for school financial support**

1. **Date, location and title of meeting:**

|  |  |
| --- | --- |
| Title meeting |  |
| Location |  |
| Date |  |
| Website address |  |

1. **Conference details:**

|  |
| --- |
| Subject of conference – list of main topics |
|  |
| Names of invited lecturers |
|  |
| Expected budget |
|  |
| Conference fees |
|  |
| Expected number of participants |
|  |
| Name of ECA Special Interest Group(s) (or IUCr Commission if no relevant SIG exists) supporting the application (please add supporting letter by SIG or Commission chair) |
|  |
| Program available on website? |  Yes - No |
| Last meeting with a similar programme? |  |
| Attendance open or by invitation? |  Open - Invitation |
| Is the publication of proceedings intended? |  Yes - No |
| Is the conference organizer willing to circulate information about ECA amongst the participants? |  Yes - No |

|  |
| --- |
| Requested amount of ECA funding used to support young scientists (under 35)? |
|  |

1. **Additional information:**

|  |
| --- |
|  |

1. **Account details:**

|  |  |
| --- | --- |
| Account owner |  |
| Account address |  |
| Account number (IBAN) |  |
| Swift code (BIC) |  |
| Bank address |  |

1. **Contact person:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| E-mail |  |
| Telephone |  |
| Fax |  |

|  |  |
| --- | --- |
| Place |  |
| Date |  |
| Signature |  |

Please submit this application form to:

Prof. Carl Henrik Görbitz

meetings.officer@ecanews.org

before

– February 1st for events taking place after August 1st the same year.

– August 1st for events taking place after February 1st the following year.