

**European Crystallographic Association**

**ECA**

**Report for ECM travel grant**

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

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

1. **Details Person/Bank account for money transfer**

|  |  |
| --- | --- |
| Family name, first name |  |
| Affiliation |  |
| Bank Name |  |
| IBAN |  |
| SWIFT |  |

1. **Report (min. 250 words, max. 500 words; will be published on the ECA Webpage; please provide a photograph of yourself at the conference)**

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1. **Evaluation (Please provide some feedback to help ECA to monitor the effects of their grants)**

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| --- |
| Regarding your ECA bursary, which of the following is true (please tick for true) |
| Increase of your knowledge in crystallography |  |
| Opened up contacts for collaborations in the research area |  |
| Improvement of communication skills in the field |  |
| Provided knowledge about companies active in the field |  |
| Improved your presentation skills of your scientific results |  |
| Enhanced your career prospects |  |
| Provided the financial basis for attendance |  |

1. **Which SIGs or GIGs are your most interested in? (Please make a list)**
*
*
1. **Specific feedback or comments:**

|  |
| --- |
| … |

Please return this form (in Word or pdf format) within three month after the event to

Klaudia Hradil (meetings.officer@ecanews.org)