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Ap	plication form for an:				
	In Person Meeting				
1.	Name and address of organizer (to be used in all correspondence):				
	Phone	Cell		E-mail	
2.	Type of Meeting (please tick the a	appropria	te box):		
	Conference 📀	Wor	rkshop 🚸	College/School 🔷	
3.	Title of proposed meeting:				
4.	Location <i>(specify institute, City, C</i>	<i>`ountry)</i> :	Dates:		
5.	Organizing committee:				
	Director(s):		Other members:		
6.	List main field/fields on which the	activity v	will concentrate (specif	y PACS and or SC nos.):	

7.	7. Detailed scientific programme						
		Topics/Title of lectures	No. of hours	Contacted	Accep	ted	
8.	There will be				<u>yes</u>	<u>no</u>	
- sessions for contributed papers							
- posters sessions							
	- sessions on development problems related to the region, specifically:						
	sessions on development problems related to the region, specifically.						

9. Describe the purpose and nature of the meeting:

10. Is this meeting part of a series of activities?

11.	Is this activity part of a network? If not, will there be any special effort to encourage the
	formation of regional scientific networks or professional societies?

12. Estimated number of participants:					
From own country	From the region	From outside the region			

13. Outline of the scientific programme:

14. Level of activity: introductory, advanced, etc. Specify background of participants:

15. Describe any follow-up activity:

16. Support requested from ICTP (not exceeding E		Amount in Euro			
Travel expenses for invited speakers (other that	()				
Board and lodging expenses for speakers (othe	Board and lodging expenses for speakers (other than host country)				
Travel expenses for participants (other than ho					
Board and lodging expenses for participants (o	country)				
TOTAL					
17. Income (other than requested from ICTP):		received	pending		
Local funds					
Other sources (specify):					
18. Specify previous support received from ICTP/IAEA/UNESCO/TWAS programmes:					
SIGNATURE OF ORGANIZER					
(Before signing please be sure that all questions have been answered)					
Signature of Organizer	Signature of Organizer Date				
APPROVAL OF THE HEAD OF HOSTING INSTITUTE					
Name and address of Head of Hosting Institute:					
Signature of Head Date					