



Application for Funding Form

Conference

Applicant:

Name:
Faculty/ Department
Telephone:

Conference details

Name/Title of Conference:
Location:
Link to Conference Information:
Conference Start: ___ / ___ / ____ Conference End: ___ / ___ / ____

Conference costs

Estimated costs:.....	Currency Exchange: <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> Other
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I certify that

- I have read and accept the Terms and Conditions of funding of "INC's Fund".
- I have not obtained any additional funding to meet the expenses associated with attending the above-mentioned conference.

Member Signature

Date

FOR OFFICIAL USE

The application:

Approved Rejected

Comments / Justification for rejection

Name / Signature _____

Date _____