



Application form for workshop sponsoring

Name: _____
Title Last First Initial
Member no.: _____

Company/Institute: _____

Lab or/and room number: _____

Company/Institute Address: _____

City: _____ Zip: _____ Country: _____

Daytime Phone: _____ Fax: _____

Email: _____ Webpage: _____

Theme/Purpose: _____

Date: _____

Location: _____

Number of participants: _____

Expected costs: _____

Signature: _____ Date: _____

Please send back via Fax or email.

To be completed by the Research Center

Certified and approved:

Sponsoring rejected:

Signature: _____ Date: _____