



INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY

**COURSES, WORKSHOPS AND RESEARCH MEETINGS
in Member States**

APPLICATION FORM

TO BE COMPLETED IN ENGLISH BY THE ORGANISER

PLEASE TYPE OR PRINT CLEARLY IN THE SPACES PROVIDED, TAKING FULL NOTE OF THE INSTRUCTIONS GIVEN ON THE COVER PAGE

1. TITLE

Title of Course/Meeting (Indicate if Theoretical Course, Practical Course, Workshop, Symposium or Conference, etc.)

2. LOCATION

Location where Course/Meeting is to be held

3. DATES

From / To

Total Number of Working Days

4. ORGANISING INSTITUTE (in charge of the Meeting organisation and the managing of the ICGEB grant)

Full Name and Address

Telephone:

Fax:

5. COURSE ORGANISER

Full Name

Business Address

Telephone:

Fax:

E-mail:

Meetings/Courses previously sponsored by the ICGEB (if any):

6. CO-ORGANISER(S)

Full Name

Business Address

Telephone:

Fax:

E-mail:

Full Name

Business Address

Telephone:

Fax:

E-mail:

Full Name

Business Address

Telephone:

Fax:

E-mail:

Full Name

Business Address

Telephone:

Fax:

E-mail:

Full Name

Business Address

Telephone:

Fax:

E-mail:

Full Name

Business Address

Telephone:

Fax:

E-mail:

7. LIST OF SENIOR INVITED COURSE STAFF/MEETING SPEAKERS (name, full business address, tel., fax, e-mail)

8. TRAINING AREAS

Specific Course/Meeting Topics

Summary of Course/Meeting Programme

Reasons for the choice of the specific Course/Meeting Topics

Past experience in organising Courses/Meetings, etc.

9. NUMBER AND SELECTION OF PARTICIPANTS

Maximum number of Participants

Eligibility criteria for Participants

Names and function of Local Teaching Staff

10. VENUE

Laboratory and/or Auditorium Facilities

Lodging Facilities

Transportation Arrangements

11. CO-SPONSORSHIP

Indicate Co-Sponsors (if any)

12. BUDGET

Expenditures

	ICGEB	Co-Sponsor	Other
International Staff (Lecturers, Demonstrators):			
Travel Costs			
Subsistence Costs			
Participants:			
Travel Costs			
Subsistence Costs			
Secretarial Assistance			
Management Costs (postage, advertising, etc.)			
Rent of Laboratory and/or Auditorium Facilities (if any)			
Expendables			
Total Expenditures			

Income

Grant requested from ICGEB	
Grant from Co-Sponsor	
Other Income	
Total Income	

*Your proposal may also be submitted to other sponsoring agencies/institutions collaborating with the ICGEB.
Do you authorise the ICGEB to proceed? Yes No*

Suggested deadline for submission to the ICGEB Liaison Officers for endorsement: 31 March 2013

**ENDORSED APPLICATIONS (including Form A and Form B) MUST BE RECEIVED
AT ICGEB CONFERENCES UNIT
on or before 30 April 2013**

COMPLETE APPLICATIONS TO BE SENT TO:

ELISABETTA LIPPOLIS - HEAD, CONFERENCES UNIT
ICGEB
PADRICIANO 99
I-34149 TRIESTE, ITALY
[E-mail: lippolis@icgeb.org](mailto:lippolis@icgeb.org)