

FEMS Meeting Grant Application Form



General Information

Meeting Title:

Meeting's Aim and Scope:

Meeting Dates:

Meeting Venue:

What is the estimated number of participants?:

Professionals:

Students:

Total:

Name meeting organiser:

Corresponding contact

Name and address:

Tel:

Fax:

Email:

*FEMS Central Office
Keverling Buismanweg 4
2628 CL Delft
The Netherlands
T: +31-15-269 3920
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E: fems@fems-microbiology.org
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*Registered Charity,
(No. 1072117)
Company Limited by Guarantee
(No. 3565643)
Registered in England*

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Budget Information

MEETING:

Title:	
Date:	
Venue:	

INCOME:

Amounts in EUR only

Professional Registration Fee: (€)	x (number)	=	€
Student Registration Fee: (€)	x (number)	=	€
Trade Exhibition:			€
GRANTS:			
1. FEMS Meeting Grant (requested amount):			€
2. Organising Society: (applied; granted; please tick)			€
3. University/Academy: (applied; granted; please tick)			€
4. Other, please specify: (applied; granted; please tick)			€
5. Other, please specify: (applied; granted; please tick)			€
Surplus on meals/accommodation:			€
TOTAL INCOME:			€

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EXPENDITURE:

Accommodation / Hire Charges:

Hire of Lecture Rooms:	€
Hire of Other Rooms:	€
Hire of Poster Boards:	€
Hire of Audio-Visual Equipment:	€
Audio-Visual Technicians:	€
Invited Speakers Travel:	€
Invited Speakers Accommodation / Meals:	€

Secretariat:

Circulars:	€
Website:	€
Stationary / Photocopying:	€
Postage:	€
Telecom costs:	€
Secretarial Assistance:	€
Committee Travel:	€

Delegate Services:

Programme / Abstracts Book:	€
Participants List / Maps, etc.	€
Bags & Badges:	€
Conference Transport:	€
Receptions:	€
Conference Dinner:	€
Excursions:	€
Other (specify!):	€
Laboratory Supplies (only for Workshop Applications)	€
Contingency:	€

TOTAL EXPENDITURE:		€
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