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| **Application Form for Travel Grant** | | | |
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| **1. Notice** | | | |
| (1) Deadline for Application: March 31, 2017 | | | |
| 1. Applicant is requested to submit this application form. | | | |
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| **2. Procedure** | | | |
| (1) Complete and return this form to the secretariat via email (cospar2017@cospar2017.org) by March 31, 2017. | | | |
| (2) The Symposium Organizing Committee will conduct the reviewing process and notify the winners by email. | | | |
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| **3. Personal Information** | | | |
| **Applicant’s Name** | (First Name) | (Last Name) | |
| **Department** |  | **Position/Grade** |  |
| **Organization** |  | **Country** |  |
| **Birth Date** | (DD/MM/YYYY) | | |
| **Telephone** |  | **E-mail** |  |
| **Abstract No.** |  | | |
| **Title of Abstract** |  | | |
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| **4. For more information, please refer to the official website (**[www.cospar2017.org](http://www.cospar2017.org)**).** | | | |
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| **Date:** (DD/MM/YYYY) | | | |
| **Applicant’s Signature:** | | | |
|  | | | |
| **Name of thesis Supervisor / Director:** | | | |
| **Signature:** | | | |