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|  | Uyttenboogaart-Eliasen Stichting  Supporting Entomological Research  in the Netherlands  www.ue-stichting.nl |

Application form (C) subsidy **CONGRESS PARTICIPATION**

This form is intended for applications on a *congress participation* only. In addition UES supports entomo­logical research, study visit, expeditions, entomological publications and congress partici­pations. Please use the specific forms available from *www.ue-stichting.nl* in those cases.

Please first read the General and Specific Guidelines for subsidy applications. Applications which do not comply with these guidelines and that do not use this application form will *not* be taken into considered.

A subsidy application (on a completed application form) should be sent (as MS Word file or –preferably– as PDF) by e-mail to the Secretariat of the UE-Foundation:

**De heer Jaap van der Bijl**

**Nassauplein 9, 2011 PG Haarlem**

**Tel +31 6 1901 2190**

**E-mail uestichting@gmail.com**

Applications may be submitted any time of year, but preferably shortly before one of the closing dates of the May and December meetings of the board of the UES: April 15 and November 15. Applications submitted after the closing date will, if still applicable, be assessed at the next meeting.

Personal data

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Date of birth: |  |
| Professional position (function), field of study, retired: |  |
| Address: |  |
| ZIP code and city: |  |
| Phone: |  |
| E-mail: |  |
| Bank account (IBAN): |  |

## Congress or symposium participation

**C.1. CONGRESS**

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| Title of the project (study visit) for which a grant is requested. |

**C.2. LOCATION WHERE CONGRESS WILL BE HELD**

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| --- |
| Provide city and country where congress will be held. |

**C.3. TITLE**

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| --- |
| Title of the presentation. |

**C.4. DOES THE PRESENTATION CONCERN A LECTURE OR A POSTER?**

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| --- |
| The presentation concerns an oral lecture or a poster. |

**C.5. AUTHOR(S)**

|  |
| --- |
| Who are the author(s) and who is the presenter of the presentation? |

**C.6. SHORT DESCRIPTION**

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| Provide an overview of the presentation. (max 150 words) |

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**C.7. START DATE OF congress:**

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**C.8. END DATE OF congress:**

**C.9. SCIENTIFIC SIGNIFICANCE FOR THE NETHERLANDS’ ENTOMOLOGY**

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| --- |
| How will the congress participation promote entomology in the Netherlands (max 50 words). |

**C.10. EARLIER PUBLICATIONS CONCERNING THIS SUBJECT BY APPLICANT**

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| Provide titles of earlier publications concerning the subject of the application (separate sheet may be used for this). |

When applying in the context of a PhD study:

**E.11. START AND END DATE OF PhD- RESEARCH CONTRACT**

|  |  |
| --- | --- |
| Starting date of research contract. | End date of research contract. |

**E.12.** **TITLE OF YOUR PHD PROJECT**

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| Provide the title of your PhD research project. |

**E.13.** **NAME OF (CO-)PROMOTOR (a letter of support should be attached)**

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| Name of (co-)promotor. (A letter of support has to be attached). |

**E.14. NAME OF SUPERVISOR**

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| Name of daily supervisor of your PhD research project. |

Budget (in EUR)

Provide a detailed breakdown of expenditure following the table below. Any income of the entire project (when applicable) should be listed.

The relevance of the listed budget lines below depends on the nature of the project for which a subsidy is requested and the breakdown to be given is in accordance with this. If not applicable, indicate ‘NA’ in the column Details.

**COSTS**

|  |  |  |
| --- | --- | --- |
| **Item** | **Details** | **Amount** |
| Travel expenses international | (means of transport) |  |
| Travel expenses local | (means of transport) |  |
| Housing | (number of days and type of accommodation) |  |
| Costs of living | (number of days) |  |
| Congress | (registration fee) |  |
| Other costs |  |  |
|  |  |  |
| **Total costs of the project** |  |  |

**OTHER CONTRIBUTIONS AND REVENUES**

Include relevant documentation as attachment.

|  |  |  |
| --- | --- | --- |
| **Contribution from** | **Details** | **Amount** |
| Applicant |  |  |
| Employer or educational institution | (name and address) |  |
| Other funding | (name and address) |  |
| ... |  |  |
|  |  |  |
| **Total contributions etc.** |  |  |

**AMOUNT REQUESTED AS UES SUBSIDY**

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**SUBMISSION DATE**

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