# FEMS Meeting Organizer Grant Application Form

## General Information

|  |  |
| --- | --- |
| Meeting Title |  |
| Meeting's Aim and Scope |  |
| Meeting Dates |  |
| Meeting Venue |  |
| Estimated number of participants |
| Professionals | Students | **Total** |
|  |  |  |
| Registration fee | EUR | whereof X % will be waived for the FEMS grantees regarding this Meeting Grant |
| Regular | € | % |
| Student | € | % |
| Name meeting organiser |  |
| Corresponding contact |
| Name and address |  |
| Address |  |
| Tel |  |
| Fax |  |
| Email |  |
| Comments |  |

# Budget Information

## Meeting

|  |  |
| --- | --- |
| Title: |  |
| Date: |  |
| Venue: |  |

IncomeAmounts in EUR only

|  |  |  |  |
| --- | --- | --- | --- |
| Registration fee |  |  |  |
| Regular/Professionals | € |  | € |
| Students  | € |  | € |
| Trade Exhibition |  |  | € |
| Grants  | please tick: | applied | granted |  |
| 1 | FEMS Meeting Grant (requested amount) |  |  | € |
| 2 | Organising Society |  |  | € |
| 3 | University/Academy |  |  | € |
| 4 | Other, please specify |  |  | € |
| 5 | Other, please specify |  |  | € |
| Surplus on meals/accommodation |  | € |
|  |  |  |
| **Total income** |  | **€** |

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 | € |
| Congress app (if applicable) | € |
| Participants List / Maps, etc. | € |
| Bags & Badges | € |
| Conference Transport | € |
| Receptions | € |
| Conference Dinner | € |
| Excursions | € |
| Other (please specify): | € |
| Laboratory Supplies (only for Workshop Applications) | € |
| Contingency | € |
|  |  |
| **TOTAL EXPENDITURE** | **€** |

# Endorsement by FEMS Delegate of FEMS Member Society

## Please offer an opinion on the following *(tick relevant box):*

|  |  |
| --- | --- |
| 1 | The quality of the programme (as judged by the relevance of the topics, the balance of those aspects listed for discussion and the overall quality of the listed speakers) |
|  |   | Low |  | Moderate |  | High |  |
| 2 | The probable impact of the meeting at the |
|  | National level | Low |  | Moderate |  | High |  |
|  | International level | Low |  | Moderate |  | High |  |
| 3 | Will your society financially support the meeting |  |  |  |  |
|  |  | Yes |  | No |  |
|  |  |  |  | If yes, please indicate amount in EUR: |  |
| 4 | Will your society assist with the administration of the meeting |
|  |  | Yes |  | No |  |
|  |  |  |  |  |  |
| 5 | Comments on the programme and budget |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name of endorsing FEMS Delegate |  |
| Date of signing |  |
| Name  | Signature |
|  |
| *Provide name and address details of contact person in country where meeting is held (only in case of endorsement by a multinational society or a society located outside the country where the meeting is held – see regulation no 4).* |
| *Contact person* |  |
| *Name* |  |
| *Address* |  |