

Application Form for the Organization of an IUVSTA Workshop

TITLE OF THE WORKSHOP:

VENUE:

DATES (NB workshops should normally be 4-5 days in length):

PRINCIPAL THEMES/TOPICS:

IUVSTA SPONSORING DIVISIONS:

NAMES AND NATIONALITIES OF ORGANIZERS (not more than 4, which must include at least one IUVSTA Divisional Committee member; please identify the Main Organiser and provide their full contact details):

NAMES AND NATIONALITIES OF LIKELY INVITED SPEAKERS:

NAMES OF OTHER SPONSORS (actual and anticipated; include indication of known or anticipated level of financial contribution: IUVSTA must be advertised as the main sponsor):

UNDERWRITING: Who will underwrite any financial loss? (If approved, IUVSTA will provide sponsorship to a predetermined maximum level and will not have any further financial responsibility)

CHECKLIST FOR APPLICANTS

Organizers **must** undertake to fulfil the conditions below. Financial contributions from IUVSTA are conditional upon this undertaking.

I AGREE to -

- PROVIDE full information of event to the IUVSTA Scientific Secretary
- PROVIDE a budget, updated in the event of major changes, to the IUVSTA Scientific Secretary
- PROVIDE a dedicated Website for the event. Give url when known (this information must be passed to the Scientific Secretary before any IUVSTA funds will be released):

Name and e-mail address of person who will maintain the site:

- PROVIDE a report of the event after its completion for the IUVSTA web site
Name and e-mail address of person who will provide this report:

- AGREE to include IUVSTA name and logo on all event announcements
- AGREE to use IUVSTA numbering system (e.g. IUVSTA Workshop no NN) on all event announcements
- AGREE to give a short presentation on IUVSTA at the beginning of the event. (Suitable material may be downloaded from the IUVSTA web site <http://www.iuvsta.org>)
- AGREE to distribute any IUVSTA material provided to the organizers
- AGREE not to have a published Proceedings of the event
- AGREE to follow the Workshop Guidelines described in the IUVSTA Procedure Manual (downloadable from the IUVSTA web site: <http://www.iuvsta.org>)

I agree to fulfil all the points of the above checklist

Name:

Date and Signature: