



Grant Application Form

(Deadline for submission: April 15)

Full Name:	(MR/MS):
Mailing address:	Fax:
	Phone:
	E-Mail:
Year of birth:	Nationality:
1. Name and address of employer/organization and position of the applicant	
2. Title of contribution submitted to EXRS 2014 Conference	
3. Financial support received from other organization/home institution etc. for the participation in EXRS 2014 Conference	

Date: _____

Signature of applicant: _____

Please send the completed Grant Application Form together with a presentation letter of your advisor or of a prominent scientist of your organization **BEFORE APRIL 15**
to: EXRS-2014 Secretariat
email: exrs2014@unibo.it

With the auspices of



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

EXRS2014 Secretariat

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