



Request for support of young scientists

Please return the completed form until **31. Mai / 31. October** to:

roland.koelliker@sgpw-ssa.ch



Lastname:

Firstname:

E-Mail:

Position:

Age:

University:

Institute / lab:

Supervisor:

Description of event and rationale for support

Event:

Type:

Date:

Town / country:

Rationale:

Contribution:

Title:

Supervisor's recommendation:

Budget:

Travel:	CHF
Conference fee:	CHF
Accommodation and board:	CHF
Other costs:	CHF
Total:	CHF
Project funds:	CHF
Own funds:	CHF
Support SGPW-SSA (usually max. CHF 500)	CHF
Remarks:	

Date

Name/signature recipient

Name/signature supervisor

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Decision of the SGPW-SSA board

Complete after the event:

Once returned from the event, please return the completed form so we can start reimbursement.

Bank details:

IBAN-Nr:

Bank (incl. Address):

Recipient (incl. address)