



APPLICATION FORM 2005/6

**INTERNATIONAL SCIENTIFIC SEMINARS:
SWITZERLAND/SOUTH AFRICA**

Part 1

Basic Data

Type of application (Tick one)

New Follow up

Title of seminar:

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Name of organizer in:

	South Africa	Switzerland
Names		
Title		
Institution		
Dept/Faculty		
Tel no.		
Fax no.		
email		

1.

Signatures: Principal Organizer

Date

2.

Name of Head of Department	Signatures:
	Date:

3.

Name of Research Authorizing Offices	Signature:
	Date:

Budget:

Total amount requested in: SA
Switzerland

Proposed venue of the seminar:

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Proposed date of the seminar:

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Disciplines: Broad scientific discipline: See: www.snf.ch for more information

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Field of specialization:

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