



DZD NEXT Conference Travel Grant

Applicant

Name

Date of birth

Institute

Working Group Leader

Address

Email

Telephone

Conference, Symposium, Meeting, DZD Technical Training Course,

Title

Date, Place

Estimated costs: Travelling: _____ € Accommodation: _____ €

Conference Fee: _____ €

Poster yes no Talk yes no

Herewith I certify the participation of _____ in the indicated event.

Herewith I agree that my data are forwarded to the department "Fördermittelmanagement" of the Helmholtz Zentrum München.

Place, date

Place, date

Signature (applicant)

Signature (group leader)