

**Deadline: Three weeks after Paper/Abstract acceptance**

## IFTToMM Young Delegate Program Individual Request Form

Applicant Name  Date (DD.MM.YYYY)   
Institution   
E-mail  Birth date (DD.MM.YYYY)

### A) Conference Data

Long name   
Short name   
Conference / Summer School dates: Start (DD.MM.YYYY)  End (DD.MM.YYYY)   
Corresponding chair Name  E-mail

### B) Rationale for Individual Young Delegate Program Request (á US \$ 500)

1) Title of paper

2) Budget estimate (\$)

2.1) Travel costs (flights, train, etc.)  \$

2.2) Hotel costs  \$

2.3) Conference fee  \$

2.4) Total costs  \$  
(automatically computed)

3) Costs covered by your institution (\$)  \$

4) Please describe why your institution cannot cover the conference expenses:

5) Please attach letters of support for your application (MO/PC/TC/CDG Chair or others)

### C) Conference Decision (please leave empty)

Criteria	Points
1) Quality of paper	<input type="text"/> / max. 10
2) Rationale for need of YDP support	<input type="text"/> / max. 8
3) Strength of support letters for YDP application	<input type="text"/> / max. 7
Total (automatically computed)	0 / max. 25

**Recommendation:** A ☐ B ☐ C ☐ A: unconditionally accept (23-25) | B: accept if enough funds (14-22) | C: reject (< 14)