

Deadline: Three weeks after Paper/Abstract acceptance

IFTOMM 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) 0 \$

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

/ max. 10

2) Rationale for need of YDP support

/ max. 8

3) Strength of support letters for YDP application

/ 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)