



APPLICATION FOR WORKSHOP SPONSORSHIP

APPLICATION DETAILS

Applicant Name:	
E-mail:	
Workshop title:	
Workshop dates:	
Motivation for attendance:	
Brief description of current role:	
Signature:	
Date:	

ASSOCIATE DETAILS

Associate Name/ Acronym:	
Contact name:	
Contact e-mail:	
Postal Address:	
Signature:	

Please complete the information requested above, signed and dated and send the completed form (scanned, pdf or Word) to secretary@euterp.eu

EUTERP ADMINISTRATION

Date received : _____

Date sent to the Board : _____

Approval granted/refused : _____