



## 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](mailto:secretary@euterp.eu)

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EUTERP ADMINISTRATION
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Date received :
Date sent to the Board :
Approval granted/refused :