

IFTToMM Sponsorship Application Form for the Event

*To be completed in one page (if you need more space, attach up to three more sheets),
and emailed to the IFTToMM Secretary General, e-mail: teresaz@meil.pw.edu.pl*

PROPONENT <i>(Name and address of the person requesting IFTToMM sponsorship or collaboration)</i>	REQUEST <i>(The acceptance by IFTToMM Executive Council will be notified with an agreement to be signed with patronage conditions and budget revenue to IFTToMM.)</i> <input type="checkbox"/> IFTToMM sole sponsoring organization, or <input type="checkbox"/> co-sponsorship (IFTToMM sponsoring in collaboration with one/more other professional societies), and <input type="checkbox"/> financial support from IFTToMM
TITLE OF THE EVENT AND NUMBER IF OF A SERIES <i>(Write down the title and also the acronym, if it is an existing series)</i> IFTToMM World Congress year	VENUE AND DATE^{*)} OF THE EVENT <i>(Please follow the required timing as stated in ^{*)})</i>
TOPICS OF THE EVENT <i>(Write a short list)</i>	
DEADLINES FOR THE EVENT <i>(Write the main dates for deadlines)</i>	PROCEEDINGS FORMAT /IF APPLICABLE/ <i>(They should be indexed with one of the conventional frames). A copy of the proceedings should be sent to the IFTToMM Archives shortly after the conference.)</i> <input type="checkbox"/> printed volume, or <input type="checkbox"/> CD media
TECHNICAL COMMITTEE, PERMANENT COMMISSION or IFTToMM MEMBER FOR REFERENCE <i>(Write the pertinent PC/TC/MO and also the name of the corresponding Chair, who will attach a recommendation letter.)</i>	REQUEST FOR USING IFTToMM LOGO <i>(Write the period of use)</i>
BUDGET INFORMATION <i>(If financial support is requested, indicate the proposed registration fee, reduced fee for the IFTToMM representatives, if applicable, and a general plan of expenses)</i>	REQUEST OF BUDGET FROM IFTToMM <i>(If financial support is requested, write the request with a plan to return the funds budgeted to IFTToMM.)</i>
WEBPAGE LINK FOR POSTING AN ANNOUNCEMENT ON THE IFTToMM WEBPAGE <i>(Write the URL of the conference webpage)</i>	CONTACT PERSON <i>(Write the name and coordinates (including a reliable email address) of the person who is responsible for responding to inquiries regarding the conference)</i>
DATE OF THE REQUEST <i>(Write the date of submitting this request to the IFTToMM Executive Council through the Secretary General.)</i>	ADDITIONAL INFORMATION <i>(If appropriate and necessary.)</i>

FORMATTED INFORMATION TO BE POSTED ON THE IFTToMM CONFERENCES PAGE:

http://www.iftomm.org/index.php?option=com_content&view=category&id=13&Itemid=141

(Please insert/replace the pertinent information.)

NAME AND PLACE OF THE CONFERENCE/EVENT	CONTACT INFORMATION	DATES	PC/TC/MO

****) the application must be submitted at least 4 years before the event***