

Scholarship Application

[Personal Information]

Applicant's Name	(First)	(Last)	
Title	(Degree)	Country	
Department		Position	
Affiliation			
Address	(Street)	(Zip Code)	
	(City)	(Country)	
Tel		Fax	
Email		Mobile	
Title of Your Abstract			
Scholarship includes	<input type="checkbox"/> Registration Fee		
Your Contribution to this Conference			

Attachment: Certification of your Affiliation

Applicant's Signature: _____

Date: _____

Please send this completed application form and certification of your affiliation to the Conference organizer and secretariat via fax or e-mail.

Conference organiser and secretariat


Engjateigur 5 – 105 Reykjavik – Iceland
 Fax: +354 585 3901
 E-mail. lara@congress.is