

# **EURASIP Local Liaison Program**

## **Application Form**

**(Version : December 2008)**

Local Liaison Officer: ....

Organizer Name/Address: .....

Title Activity: ...

Description Activity (Program): .....

Location: ....

Date: ....

Registration Fees : .....

Requested Funding: .... EURO

Justification Requested Funding (max 10 lines) : ...

Co-Funding from other Professional Organizations (Applied/Confirmed) :