application form

request for support/contribute

of ILAE Neurobiology Commission

Type of request financial support □

neurobiology contribute □

**deadline for application requests:** **July 31 of the year before the event**

decisions about non-financial support will be provided by the end of November of the

year before the event

decisions about support will be provided by the end of March of the year of the event

Title of the event ……………………………..……………………………..……………………………..

Proposed date of the event ……………………………..……………………………..…………………

Type of event workshop □

international course □

regional-interest course □

Is ILAE involved in topic selection? no □ yes □ How? ……………………….

If approved, how will the ILAE’s support be acknowledged? ……………………………..

Previous editions no □ yes □ when? ……………………..

Previously supported by NBC? no □ yes □ funded amount ……………

Previously supported by ILAE or ILAE Commissions?

no □ yes □ funded amount ……………

Other supports for this edition of the event?

no □ yes □ funded amount ……………

The program of the event includes a section on neurobiology of epilepsy?

no □ yes □

Is a support required to enhance neurobiology aspects of the event?

no □ yes □

General description of the event (max 200 words)

……………………………..……………………………..……………………………..……………………

……………………………..……………………………..……………………………..……………………

List of faculty: ……………………………..……………………………..………………………………….

Location site of the event ……………………………..……………………………..…………………….

Venue facilities……………………………..……………………………..…………………………………

Percentage of teaching method: frontal lectures ……… %

practical sessions ……… %

project development ……… %

hands-on activities ……… %

Target audience ……………………………………………………………………………………………

Number of expected attendants …………………………………………………………………………

Proposed budget (USD) faculty support ……….…

venue facilities ……….…

local assistance ……….…

sundry ……….…

proceedings costs ……….…

bursaries for students ……….…

Total ……….…

Please, define the criteria for bursary application (max 200 words) ……….………….………….…

……….………….………….………….………….………….………….………….………….…………..

……….………….………….………….………….………….………….………….………….…………..

The NBC contribute will be utilized for the following ……….………….………….………….………

……….………….………….………….………….………….………….………….………….………….

Expected proceedings ……….………….………….………….………….………….………….……..

***Please, attach to the present form a detailed preliminary program and a detailed budget plan***

*Contact person:*

*Name* ……….………….………….………….………….………….………….………

*Email…………………………………………………………………………………….*

*Affiliation:……………………………………………………………………………….*

*Address…………………………………………………………………………………*