

PROPOSAL COVER SHEET

- Thematic programme
 Workshop

Title:**Name, affiliation, e-mail address of organizers:****Duration in weeks:** **Possible timeslots in order of preference (dd.mm.20yy):**

- | | | | |
|----|----------------------|---|----------------------|
| 1. | <input type="text"/> | - | <input type="text"/> |
| 2. | <input type="text"/> | - | <input type="text"/> |
| 3. | <input type="text"/> | - | <input type="text"/> |

Number of participants total / number of female participants: **Max. number of participants during workshop/conference week:** **Budget requested from ESI:**

(budget = number of persons funded x nights of stay x Euro 80 per diem)

Third party funding contributed by organizers: