

**FOR OFFICE USE ONLY**

Application number: \_\_\_\_\_

Date received: \_\_\_\_\_

**2<sup>nd</sup> International Conference on Sunn Pest***ICARDA, Aleppo, Syria, July 19-22, 2004***Application for Funding****Closing date for applications – 10 May 2004****First Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_**Organisation:** \_\_\_\_\_**Address:**  
\_\_\_\_\_  
\_\_\_\_\_**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_**E-mail:** \_\_\_\_\_ **Professional status:** \_\_\_\_\_

Title/s of papers/posters to be presented or, if not submitting, please state why this application should be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Estimated cost of round trip travel (most economical)** \_\_\_\_\_

What is the minimal amount of financial assistance you would be willing to accept? (Check one only)

 Waiver of conference fees Transportation to attend All in-country costs Cannot attend without full funding I certify that the facts in this application are true and correct:**Signed:** \_\_\_\_\_**Endorsement by Supervisor/Head of Department** I confirm that the applicant's University/Institute cannot cover full costs of attending the conference.**Name:** \_\_\_\_\_**Position held:** \_\_\_\_\_**Department:** \_\_\_\_\_**E-mail:** \_\_\_\_\_**Fax:** \_\_\_\_\_**Date:** \_\_\_\_\_**Signed:** \_\_\_\_\_**Completed forms should be sent to:** Dr. Mustapha El-Bouhssini (M.Bohssini@cgiar.org) with copy to Dr. Safaa Kumari (S.Kumari@cgiar.org), ICARDA, P.O. Box 5466, Aleppo, Syria, Fax No. (+963-21) 2225105/2213490.