**Organ-On-A-Chip Technologies Network
Event Funding Support Application**

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| **Event Lead / Chair (main contact person)** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Event Committee Member** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Event Committee Member** (Additional if any) |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Event Details** |
| Title: |  |
| Dates: |  |
| Location: |  |
| Website: |  |
| Expected Attendance: |  | Attendance max (if any) |  |
| Standalone event or part of larger conference (give details) |  |
| Event open to all or invite only |  |

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| **Budget** |
| Funding requested: |  |
| Please attach an outline budget for the event, including breakdown on income and expenditure and any other sponsorship sought / acquired |

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| **Aims and goals of event** |
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| **Outline programme** |
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