**ASSISTANCE APPLICATION FORM**

**Please complete and return this form to the ETUCE Secretariat in Brussels before 1stOctober, 2014, if your organisation is from a country qualifying for Assistance according to the published list, and it wishes to avail of it.**

**The form may be completed and returned electronically by e-mail to** **ETUCEconference2014@csee-etuce.org****. It may also be downloaded from the Conference website, completed and faxed to +32-2-224.06.94.**

**NOTE:** This request for Conference Assistance will only be considered if completed by the President and/or the General Secretary of the applicant organisation.

By submitting this form, the person concerned acknowledges on behalf of the organisation that it is aware of and accepts the criteria for the granting of Assistance.

1. **NAME OF ORGANISATION REQUESTING ASSISTANCE**

Click here to enter text.

**ACRONYM**  Click here to enter text. **COUNTRY** Click here to enter text.

1. **DELEGATE FOR WHOM ASSISTANCE IS REQUESTED**

**FIRST NAME**: Click here to enter text. **LAST NAME**: Click here to enter text.

**GENDER**: (select one) **Male** **[ ]**  or **Female** **[ ]**

**POSITION WITHIN THE ORGANISATION**: Click here to enter text.

**CONTACT ADDRESS**: (if different from organisation address)

Street: Click here to enter text. no: Click here to enter text.

Postal (zip) code: Click here to enter text. City/Town: Click here to enter text.

Country: Click here to enter text.

Tel: Click here to enter text. Fax: Click here to enter text.

e-mail: Click here to enter text.

1. **IDENTITY AND AUTHORITY OF SIGNATORY**

 **NAME**: Click here to enter text.

**OFFICE/POSITION IN ORG.:** Click here to enter text.

**SIGNATURE**: ......................................................... **DATE:** Click here to enter text.