**Application form for conference participation support**

**Please send this filled form both as an editable MS Word .docx file and as a printed, signed and scanned .pdf, by e-mail to the address:** **tdk@med.unideb.hu**

**Application period:**

**Applicant’s name:**

**Faculty:**

**Major:**

**Grade:**

**Department or Division or Clinic:**

**TalentUD: Yes/No If Yes, since when:**

**Neptun code:**

**E-mail address:**

**The grade point average of the penultimate semester:**

**The grade point average of the last semester:**

**Tutor’s name:**

**Tutor’s e-mail address:**

**Name of conference:**

**Place and date of conference: (City/Country, from- to)**

**Title of presentation:**

**Authors:**

**My abstract is already accepted at the conference: Yes/No** (indicate the appropriate)

**Deadline of registration:**

**Conference website:**

**Budget plan:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Registration fee | Accomodation (maximum gross amount 30000 HUF/person/night or 150 EUR / person/night) | Travel cost(car/train/plane – undeline the appropriate)(train is funded by this application) | Poster printing  | Total amount  |
|  |  | Number of nights: .. |  |  |  |
| Cost (HUF): |  |  |  |  |  |
| Amount financed from other sources (please specify source) (HUF): |  |  |  |  |  |
| **Amount requested in this application (HUF):** |  |  |  |  |  |

Scientific work of the applicant:

**National Students’ Research Society (OTDK) presentations (Author(s), title, year, award):**

**In extenso publications: (only hyperlinks to items uploaded to IDEA are to be inserted here):**

VERIFICATION OF LOCAL SRS PRESENTATION/RESEARCH ESSAY

Name, year/group number:...................………………………………......……………………

Department where you do research: ……...................………………………......…………….

|  |  |  |
| --- | --- | --- |
| **FIRST AUTHORED RESEARCH ESSAYS** |  |  |
| co-author(s) | Title of research essay | (year/month) |
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| --- | --- | --- |
| **CO-AUTHORED RESEARCH ESSAYS** |  |  |
| first author | Title of research essay | (year/month) |
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| --- | --- | --- |
| **FIRST AUTHORED PRESENTATIONS** |  |  |
| co-author(s) | Title of presentation | (year of conference) |
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| --- | --- | --- |
| **CO-AUTHORED PRESENTATIONS** |  |  |
| first author | Title of presentation | (year of conference) |
|  |  |  |
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I agree that

1. In my abstract (if it is not anymore possible, on the poster or slide presentation) I shall acknowledge support form Talent UD in the form “Supported by the University of Debrecen Talent UD program or NTP-HHTDK-24-00005”. Not fulfilling this will lead to the loss of funding/reimbursement.

2. BEFORE making any reservations, I will contact the responsible person (specified in the decision letter).

3. If participation is cancelled, no funding/reimbursement will happen, and any advance payment shall be returned.

I declare that data in this application form are true and valid.

Place and date:

Debrecen, 20

signature of supervisor signature of applicant