**Student Travel Grant Application Form**

Please fill out the below application form and send it back with the scanned copy of student identification card to the ICPM 8 secretariat **by May 5(Tue), 2020.**

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| **ICPM 8 Secretariat**Tel. +82-42-472-7460 / Fax. +82-42-472-7459 / E-mail. icpm8@icpm8.or.kr |

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| --- | --- |
| **Abstract No.** |  |
| **Abstract Title** |  |
| **□ Student □ PhD Student □ Other [ ]** |
| **First Name** |  |
| **Last Name** |  |
| **Affiliation** |  |
| **Department** |  |
| **Country** |  |
| **E-mail Address** |  |
|  |
| **1. Are you a student? □ Yes □ No** |
| **2. Will you be the person who presents the abstract? □ Yes □ No** |
| **3. Please explain why you are requesting a student travel grant. (100 words maximum)** |
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***Signature:******Date:***