

Education Event Grant Application

Please fill this form and the Self Assessment Form for your score (see separate file) and send the forms with attachments to secretary@elacta.eu

Name of applying member association, Logo/Stamp	
Representative of the member association Function within the association	
website, contact details	
Current number of members of the association, percentage of ELACTA members	
Conference Title	
Time frame for the conference	
Place of the planned conference	
Speaker name(s) to be invited CV Abstract (no more than 500 letters) Declaration of Conflict of Interests	
Is the speaker an IBCLC / ELACTA member?	
Conference programme including titles of workshops / presentations (Please attach programme document)	
Participants expected	

Registration fee for participants: Non members ELACTA members Are there other discounts? Please specify	
Funds needed from ELACTA: (identify all or just single) Venue	
Speaker/-s	
Travel costs	
Accommodation	
Honorarium	
Total	

Please attach your conference program and detailed budget calculation for the educational event. Let us know which part of your budget you would like ELACTA to cover (**up to** a maximum of 1000 Euro).

Thanks for submitting your application and self assessment form including attachments to: secretary@elacta.eu