

NATIONAL RADIO ASTRONOMY OBSERVATORY

NAASC Conference and Workshop Support Application

APPLICAN	NT INFO	RMATION								
Last Name				First			M.I.		Date	
Street Address	s						Apart	ment/L	Jnit #	
City			State							
Phone			E-mail Add	mail Address						
Institution/Organization:										
EVENT IN	FORMA	TION (Indicate if it is tent	ative inform	ation when	appropri	ate)				
Title:										
Date(s):			Location:							
Targeted number of participants:		Amount of funding requested from the NAASC (US. dollars):								
Would this be an open or by-invitation-only event?										
	Describe the scientific scope of the event and its synergy with ALMA, if any:									
Indicate h	ow you a	are planning on spen	ding the	NAASC	C funds	(Provide item	iized pr	opose	ed bud	lget):
	J , Gu .	e pg e spe	age	1000		(i i o viuo i oon	p.	ороз		.80-)-

List the full name and institution of other people involved in the scientific organization of this event:
List and symbols ather sources of symbols including these panding confirmation. Would the NAACC
List and explain other sources of support, including those pending confirmation. Would the NAASC support be the main source of funding?
Indicate other non-monetary support you are interested in from the NAASC, if any (e.g., website creation,
venue, promotional material, etc.):

How would you plan on advertising the NAASC as a funding resource?
Has this event happened before? Are you planning on having it reccurrently?
Additional Comments (Optional)