

COST Cooperation



SHORT-TERM SCIENTIFIC MISSIONS

COST Action : **Cost287-ConGAS**
COST MC Chair : _____
Science Officer : _____

A P P L I C A T I O N F O R M

For the attention of the chairperson of the Management Committee COST Action Cost287-ConGAS:

Please complete using a typewriter or in BLOCK CAPITALS

FROM

Name : Demoucron
First Names : Matthias
Organisation : IRCAM

Street : 1 Place Igor Stravinski
Town and Postcode : 75004 Paris
Country : France
Telephone : (0)1 44 78 14 86
Telefax : (0)1 44 78 15 40
E-mail Address : demoucron@ircam.fr

COST Cooperation



DG RTD/ B5 COST
(Revised March 2005)

SHORT-TERM SCIENTIFIC MISSIONS

1. Description of candidate

- 1.1. I apply for the period from 14.05.2007 to 31.05.2007 (18 days)
- 1.2. COST Action and title: **Cost287-ConGAS** (Gesture CONtrolled Audio Systems)
Project Number or Working Group number and title (if any) :
- 1.3. Academic qualifications (Title, Degrees) :
Master in Acoustics, signal processing and informatics applied to music
PhD student
- 1.4. Nationality : French
- 1.5. Date of birth : 15.04.1980
- 1.6. Present employer (if different from organisation above) : University Pierre and Marie Curie (Paris 6)

2. Detailed Work Plan (to be attached)

3. Detailed estimation of the funding requested (to be attached)

- ⊗ Amounts in EUR and national currency
- ⊗ Amount requested from CEC : - travel costs, - subsistence allowance
- ⊗ Indication of contribution from other sources (national and/or private)
- ⊗ Indication of other previous CEC financial support or current requests to the CEC (COST or other Commission activities)

Details of bank account:

Account Owner : Demoucron Matthias
Bank Name : La banque postale
Address : Centre de la source, 45900 La Source cedex 9, France

IBAN : FR14 2004 1010 1243 7784 7V03 372
BIC : PSSTFRPPSCE



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5. I enclose the "Acceptance by the host institution" of the work plan duly signed.

I would be pleased to provide further information if requested to do so.

I, the undersigned, declare that the information provided above and enclosed is, to the best of my knowledge, accurate and complete.

I request the approval of a COST Short Term Scientific Mission as described above.

Date: 19.12.2006 Signature:

A handwritten signature in black ink, consisting of several overlapping, fluid strokes.



Acceptance by the Host Institution

This declaration is to be completed by the head of the host research group and returned to the grant applicant.

Please complete using a typewriter or in block capitals

Name : WANDERLEY
 First Names : MARCOLO
 Organisation : MCGILL UNIVERSITY - INPUT DEVICES AND
 MUSIC INTERACTION LAB.
 Street : 555 Sherbrooke Street West
 Town and Postcode : Montreal H3A 1E3
 Country : CANADA
 Telephone : +1 514 398 4535
 Telefax : +1 514 398 2962
 E-mail Address : marcelo.wanderley@mcgill.ca

- (i) I, the undersigned am willing to receive, in my institution on a short-term scientific mission in the frame of the COST Action Cost287-ConGAS to undertake the work described in the attached work plan.
- (ii) The duration of the request is from May 14th 2007 to May 31st 2007

Date: Dec 15 2006 Signature: Marcelo Wanderley