



# STSM

## APPLICATION FORM

For the attention of the chairperson of the Management Committee COST Action 287:

### FROM

**Name** : BOVERMANN

**First Names** : TILL

**Organisation** : NEUROINFORMATICS GROUP  
FACULTY OF TECHNOLOGY  
BIELEFELD UNIVERSITY

**Street** : UNIVERSITÄTSSTRASSE 25

**Town and Postcode** : 33501 BIELEFELD

**Country** : GERMANY

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**Telefax** : +49 (0)521-1066011

**E-mail Address** : till.bovermann@uni-bielefeld.de



### ***1. Description of candidate***

1.1. I apply for the period from **31.10.2004** to **8.11.2004**

1.2. COST Action and title: **COST 287 (CONGAS)**

Project Number or Working Group number and title (if any) :

**WG 3- MULTIDISCIPLINARY INTEGRATED APPLICATIONS**

1.3. Academic qualifications (Title, Degrees) : **DIPLOMA**

1.4. Nationality : **GERMAN**

1.5. Date of birth : **20.06.1979**

1.6. Present employer (if different from organisation above) :

### ***2. Detailed Work Plan*** (to be attached)

### ***3. Detailed estimation of the funding requested***

344,-€ =43€\*8 8 days \* costs of hotel

70,-€ =10€\*7 7 days \* (breakfast + lunch)

168,-€ flight (DUS-BCL, return)

48,-€ approx. railway-ticket (Bielefeld-Düsseldorf, return)

20,-€ approx. railway-ticket (Barcelona airport-hotel, back)

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751,-€ approx.

Details of bank account :

**SPARKASSE BIELEFELD**

**BLZ: 480 501 61**

**ACCOUNT: 4375 1502**

**IBAN: DE19480501610043751502**

**BIC: SPBIDE3BXXX**

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

**The "Acceptance by the host institution" will be sent to you directly by the host institution.**

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.

**Date : 15.10.2004**

**Signature: Till Bovermann**