

COST Cooperation



SHORT-TERM SCIENTIFIC MISSIONS

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

APPLICATION FORM

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 : CASTELLANO
First Names : GINEYRA
Organisation : INFORUS LAB, DIST, UNIVERSITY OF GENOVA

Street : VIALE CAUSA 13
Town and Postcode : 16145 GENOVA
Country : ITALY
Telephone : 0039 010 353 2201
Telefax : 0039 010 353 2948
E-mail Address : gimerca.castellano@unige.it



SHORT-TERM SCIENTIFIC MISSIONS

1. Description of candidate

- 1.1. I apply for the period from 08/10/2006 to 15/10/2006
- 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) : **PH. D. STUDENT**
- 1.4. Nationality : **ITALIAN**
- 1.5. Date of birth : **10/06/1980**
- 1.6. Present employer (if different from organisation above) :

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:

C.C. **11942109** ABI: **07601** CAB: **10400** CIN: **W** POSTE ITALIANE

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: 10/07/2006 Signature: Spimere Castellano

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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 : Bresin
First Names : Roberto
Organisation : KTH - Dept. of Speech Music and Hearing
Street : Lindstedtsv. 24
Town and Postcode : 10044 Stockholm
Country : Sweden
Telephone : +46 8 790 7876
Telefax : +46 8 790 7854
E-mail Address : roberto@kth.se

- (i) I, the undersigned Roberto Bresin am willing to receive Ginevra Castellano, 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 08/10/2006 to 15/10/2006

Date: Stockholm, 28/06/2006

Signature:

A handwritten signature in black ink, appearing to read 'Roberto Bresin', written over a dotted line.