

# AFOSR International Conference Support Application

## SECTION 1. BASIC INFORMATION (SIGNED COVER SHEET)

Conference Title:  
*(Limit to 80 characters)*

Principal Organizer:  
*(First and Last Name)*

Conference Dates:  
*(Use planned month if not final)*

Conference Location:  
*(City and country)*

Event Website:  
*(URL address, if available)*

Requested Funding Support:  
*(Total in US dollars)*

Institution:  
*(Organization)*

NCAGE Code:

DUNS Number:

Active SAM:

*(NOTE: The NCAGE/DUNS/SAM registrations are described on our APAN website—see EOARD program pages. If these registrations are unknown or incomplete at time of application, leave these fields blank and see instructions on website to register/validate your institution as quickly as possible.)*

Institution Name and Address:  
*(Should match registration in SAM)*

Check Mailing Information (should a check need to be sent):  
*(Include name, email, telephone, and physical address)*

By signing below, I certify no US Air Force funds, if awarded, will be used to pay entertainment expenses (e.g., amusement or social activities).

Submitted By:  
*(Name and duty title)*

Signature:  
*(Print and sign)*

Date:  
*(DD-MMM-YYYY)*

NOTE: All items in RED are required.

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## SECTION 2. PRINCIPAL ORGANIZER

Prefix: Last Name: First Name(s):

Institution:

Branch or Department:

Physical Street Address:

Email: Phone Number:

Home Page (if available):

### QUALIFICATIONS:

Please provide a brief description of the proposer's qualifications to lead this conference activity.

## SECTION 3. PROPOSED BUDGET

Please round all costs to the nearest US dollar, and use the notes to describe costs for any category requesting use of AFOSR funds. Note that AFOSR funds cannot be used entertainment expenses. We may ask you to reduce your support request, if policy or budget constraints require.

EXPENSE CATEGORY	EXPECTED COSTS	REQUESTED AFOSR CONTRIBUTION	NOTES (AS NECESSARY)
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Venue Hire/Rental			
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Support Staff			
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Information Technology (Website, wi-fi, etc.)			
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Publications (Programs, proceedings, etc.)			
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Travel Assistance (If provided to key speakers)			
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Speaker Fees (If used as an honorarium)			
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Organizer Salary (If time is being compensated)			
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Meals & Other Food (Catering services, etc.)			
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Other (Please specify in notes)			
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<b>TOTAL</b>			
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## SECTION 4. EVENT DETAILS

**POTENTIAL IMPACT:** Briefly describe why the subject matter is of importance, how the event aims to promote basic research in this area, and the overall importance of this event to the research community. (Limit: 2000 characters)

**ANTICIPATED AND CONFIRMED SPEAKERS:** List key speakers anticipated or confirmed for this event. Use an asterisk (\*) to identify those confirmed. (Limit: 2000 characters)

**PREVIOUS EVENTS:** If this event is part of ongoing series, please list the three most previous locations and dates.

- 1)
- 2)
- 3)

**OTHER SUPPORTING ORGANIZATIONS:** List other organizations from which you anticipate support. Use an asterisk (\*) to identify those confirmed.

## **AFOSR International Conference Support Application**

### **SECTION 5. ATTACHMENTS**

Please check the boxes below to identify those attachments included in this application package. If your version of Adobe allows, you can add the attachments directly to the application package. Otherwise, please submit as separate files with your application.

#### **Application Signature Page**

Please print/sign/scan the first sheet and include as attachment.

#### **Organizer's Curriculum Vitae or Biographical Sketch**

A CV or short biography from organizer may be included, but is not required.

#### **Call for Papers**

The conference/workshop call for papers should be included, if available.

#### **Electronic Funds Transfer Form**

Please have your institution complete attached banking form to set up electronic payments, if possible. (If such payments are not feasible, or there are issues during payment processing, we can mail a check to the mailing address you provided on page 1.)

## FOREIGN VENDOR PAYMENT INFORMATION (WIRE TRANSFER/CHECK)

### VENDOR REMITTANCE INFORMATION

DATE: \_\_\_\_\_

Dear Vendor: due to different banking requirements of various countries, we request your assistance in ensuring your payments are received in a timely manner. The information requested below will benefit all concerned by having your payments deposited to your bank account as expeditiously as possible.

\_\_\_\_\_ INITIAL SUBMISSION (FOR THIS PROJECT) \_\_\_\_\_ UPDATED VENDOR INFORMATION

VENDOR NAME (DUNS \_\_\_\_\_ / NCAGE \_\_\_\_\_): \_\_\_\_\_

VENDOR PHYSICAL ADDRESS: \_\_\_\_\_

(Note: Physical address, DUNS, \_\_\_\_\_

& NCAGE must match SAM.gov.) \_\_\_\_\_

### VENDOR BUSINESS OFFICE POINT OF CONTACT (FOR INDIVIDUAL SIGNING BELOW)

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DESCRIPTIVE TITLE OF PROJECT: \_\_\_\_\_

U.S. FUNDING AGENCY: \_\_\_\_\_

PAYMENT METHOD: ☐ WIRE TRANSFER VIA ITS.GOV ☐ PAPER CHECK

**IS VENDOR'S BANK PART OF THE SWIFT NETWORK ( <http://www.swift.com> )? IF SO, PLEASE PROVIDE BANKING INFORMATION BELOW. IF NOT, A CHECK WILL BE ISSUED, WHICH MAY ADD UP TO 6 WEEKS OF DELAY TO RECEIVING PAYMENTS.**

BANK NAME: \_\_\_\_\_

ACCOUNT HOLDER (IF OTHER THAN VENDOR): \_\_\_\_\_

SWIFT BANK IDENTIFICATION CODE (BIC): \_\_\_\_\_

INTERNATIONAL BANK ACCOUNT NUMBER (IBAN): \_\_\_\_\_

OTHER BANKING INFORMATION (OPTIONAL): \_\_\_\_\_

SIGNATURE OF BUSINESS OFFICE POINT OF CONTACT: \_\_\_\_\_

Please update this information as soon as possible if any of the banking information changes. Your attention to this matter will help us to continue to provide you with the customer service you deserve and reduce the possibility of delayed payments. Please scan and email this form to whoever provided it, or fax to 614-701-2667 (dialing to United States).

**Reginald Bossie, Accounts Payables Director, DFAS Limestone**

US GOVERNMENT USE ONLY: INVOICE CONTROL NUMBER (ICN): \_\_\_\_\_