**DIOXIN2025 Attendance Grant Application**

**Deadline:** Thursday, July 31 2025, 23:59 CET

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| **Return to:** | Dioxin2025 secretariat, [dioxin2025@thorevents.com](mailto:dioxin2025@thorevents.com) |

Dioxin2025 organizer is providing Conference Attendance Grant to attend the 45th International Symposium on Halogenated Persistent Organic Pollutants (Dioxin2025) in Antalya, Türkiye 1-6 November 2025.   
  
Applicants may receive a *partial* or *full grant*. Please fill out the following form to apply for a conference attendance grant. All sections must be completed for your application to be considered.

**Terms and Conditions**

By applying for the Dioxin2025 Attendance Grant, you agree to the following terms and conditions:

1. **Eligibility**

The grant is open to individuals who are enrolled in a recognized academic program or working in a relevant professional field. Only one author from the contributors of each paper can apply, and the applicant must be the presenting author of the paper.

1. **Grant Coverage**

The grant will cover specific expenses related to the conference, such as registration fees and accommodation. The amount awarded will be determined by the organizers based on the applicant’s financial need and relevance to the conference.

1. **Application Process**

All applications must be submitted by the specified deadline (Saturday 31 May 2025, 23:59 CET) . Incomplete applications will not be considered. Applicants must provide accurate and truthful information as part of the application process.

1. **Evaluation and Decision**

The organizers will review all applications and make decisions based on the merit of each submission. The organiser's decision is final and cannot be appealed. Applicants may be awarded a partial or full grant based on their individual circumstances and needs.

1. **Conference Participation**

Grant recipients are required to attend the entire conference and participate actively in conference-related activities. Failure to attend or fulfill responsibilities assigned by the conference organizers may result in the forfeiture of the grant.

1. **Student Responsibilities**

For student recipients, the grant is conditional upon their commitment to undertake tasks assigned by the conference organizers during the event. These tasks may include assisting with registration, managing sessions, or other duties as needed.

1. **Travel Arrangements**

Grant recipients are responsible for booking their own travel arrangements

1. **Accommodation Arrangements**

Grant recipients are responsible to submit the proof of award receipt. In the event that accommodation grant is provided, the conference organizer reserves the right to assign any three grant recipients to a shared room, which will be a triple occupancy. The room assignments will consider same-gender accommodation.

1. **Changes to Terms**

The conference organizers reserve the right to modify or cancel the grant program at any time, including changes to the eligibility criteria, grant amount, or terms and conditions.

1. **Liability**

The conference organizers are not responsible for any personal injury, loss, or damage to property that occurs during the conference. Grant recipients are responsible for their own health, safety, and well-being during the event.

1. **Data Protection**

By applying for the grant, applicants consent to the use of their personal data for the purposes of the grant application process and event administration in compliance with relevant data protection laws.

1. **Acceptance of Terms**

By submitting your application, you acknowledge that you have read, understood, and agree to the terms and conditions outlined above.

For any questions or concerns, please contact the conference organizers:

Dioxin2025 secretariat, [dioxin2025@thorevents.com](mailto:dioxin2025@thorevents.com)

**DIOXIN2025 Attendance Grant Application Form**

1. **Personal Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: □ Male □ Female □ Other □ Prefer not to say

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check the applicable options.*

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| --- |
| I am a post-doc / researcher / faculty member / student ( MSc. /  Ph.D. ) /  other |
| I have attached a letter for confirmation of status / position or place of work from my supervisor / head of department / institution |

|  |  |
| --- | --- |
|  | I have attached a copy of my passport |

|  |  |
| --- | --- |
| Yes | I have submitted an abstract |
| No |
| Title of abstract: |  |

1. **Motivation and Relevance**
   1. I would like to participate in the Dioxin2025 Symposium because (Max. 300 words)

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* 1. How is this conference relevant to your current work, studies, or professional development? (Max. 300 words)

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**3. Additional Information**

* 1. **Have you received any other funding for this conference?**  
      Yes  No  
     If yes, please specify the amount and source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **I require financial assistance with the following arrangements:**

|  |  |
| --- | --- |
| Registration Fee | Accommodation |

1. **References**  
   Please provide two professional or academic references who can support your application.

* **Reference 1**  
  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Position/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Reference 2**  
  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Position/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Declaration and Signature**

By submitting this application, I declare that the information provided is true and complete to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

* **Name-Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_