

## Supplementary Form

As of 15/03/2016 this Form is required to be filled electronically and sent to the Research Committee across with your Abstract/Paper, Acceptance letter, and the Conference Participation Form (10 to 12 weeks before the conference date)

<b>Faculty member information:</b>	
Your Full Name:	
Name of the Department/Faculty:	
Latest degree owned/Date of Award:	
General Field of your study:	
Specific Field of your study:	
In case of Co-Author, please provide the following:	Title/Name: Department/Faculty: Place of work: Your role in the paper:
<b>Conference information:</b>	
Name of Conference:	
Web link of the conference:	
Type of the conference:	<input type="checkbox"/> National <input type="checkbox"/> International
Specialization of the conference:	
Place of the conference (Country/City)	
Type of presentation:	<input type="checkbox"/> Oral <input type="checkbox"/> Poster <input type="checkbox"/> Virtual
<b>Organizer information:</b>	
Type of the Organizing body	<input type="checkbox"/> Specialized Association <input type="checkbox"/> University / Faculty (please specify): <input type="checkbox"/> Other (please specify):
Reputation in the field (i.e. past conferences) (please provide also its web site)	
How are they going to publish your contribution?	<input type="checkbox"/> Printed/ <input type="checkbox"/> Online proceedings <input type="checkbox"/> Printed/ <input type="checkbox"/> online Journal Name of the Journal / Impact Factor if any):
<b>Paper information:</b>	
Paper Title:	
General Filed of your paper:	
Specific Filed of your paper:	
Brief description for the Methodology:	
Brief description for the Sample:	
Brief description for the Findings:	

Number of references used:	
How do you expect to publish your paper?	<input type="checkbox"/> Abstract Only <input type="checkbox"/> Extended Summary <input type="checkbox"/> Full Paper
Reflection:	
Please mention how the outcome of the conference will be beneficial for you personally and for the Department in general	