



# ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS

## International Cooperation and Assistance Division

### OPCW Conference Support Programme

*(effective 15 March 2000)*

- (i) Before completing this form, please read the guidelines (in S/172/2000 of 13 March 2000) to confirm your eligibility for support under the programme.
- (ii) Applications should normally be received at least **three months prior** to the conference in order to be considered for OPCW sponsorship.
- (iii) All sections (except section 15) of this form must be completed by the conference organiser(s), **not by individual participants**.
- (iv) The conference organisers must forward the application form either to the respective **National Authority** or to the **government representative accredited to the OPCW** in The Hague, who must **complete section 15** before sending the form to the OPCW.
- (v) Please attach a **copy of the programme of the conference**

#### 1. Details of conference

Title:

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Location:

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Date:  
(dd/mm/yy)

*from:* \_\_\_\_\_ *to:* \_\_\_\_\_

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#### 2. Details of organiser(s)

##### 2.1. Name of principal organiser

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*Address:*

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*Telephone:*

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*Fax:*

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*e-mail:*

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2.2. *Name of co-organiser*  
(if applicable)

\_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

*e-mail:* \_\_\_\_\_

**3. Details of bank account of the conference secretariat:**

*Name of account:* \_\_\_\_\_

*Branch:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Account number:* \_\_\_\_\_

*Swift address:* \_\_\_\_\_

Other information:

**4. Expected number of participants**

4.1. *International participants:* \_\_\_\_\_

4.2. *Local participants:* \_\_\_\_\_

**5. Other sources of funding**

Please state whether funding support is being sought and/or has been pledged from other sources.

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**6. Aims of the conference**

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**7. What are the expected tangible outcomes of the conference ?**

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**8. How will these outcomes be achieved, and how will they be measured?**

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**9. Relevance of the conference to developing countries/countries with economies in transition?**

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10. **Relevance of the conference to the Chemical Weapons Convention?**

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11. **Details of resource persons/nominated participants**

*11.1 Travel grant for participant(s): state number: \_\_\_\_\_  
Please complete table 11.1*

12. **Core grant for administrative costs (state currency):**  
Please specify

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**13. Total assistance sought from the OPCW (state currency):**

\_\_\_\_\_

**14. Declaration**

I \_\_\_\_\_, \_\_\_\_\_  
*(please print name)* *(position)*

on behalf of \_\_\_\_\_,  
*(please print name of the agency)*

as the organising body of the conference,

14.1 declare that to the best of my knowledge the information contained in this application is true and correct, and if funds to support this meeting are approved, I the undersigned undertake to abide by the conditions of the funding assistance specified in the guidelines and in the letter of contract

14.2 acknowledge that the OPCW Conference Support Programme is competitive and discretionary, and that the OPCW will not enter into correspondence concerning individual applications

14.3 agree that should funding assistance be provided, I will ensure that the OPCW's contribution will be acknowledged in the chairperson's opening/ closing remarks, and in all related publications (including the proceedings); and

14.4 warrant that I am duly authorised to execute this Agreement on behalf of the organising body.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* where there are a number of agencies involved in the organisation of the conference, the agency that is legally responsible for managing the funds (including the bank account) should sign this application.

**15. For National Authority/Permanent Representative to the OPCW/Embassy use only:**

Please use this space to comment on the application, and return the form to the International Cooperation Branch, OPCW.

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\_\_\_\_\_  
\_\_\_\_\_  
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Table 11.1 *Nominated participants*  
*state total amount requested (specify currency): .....*

Name:	Reasons for selection:	Airfare: .....
Nationality:		Currency: .....
<i>(attach photocopy of relevant page from passport)</i>		Daily allowance x no of days: .....
Present position:	Title of presentation at conference:	Currency: .....
		Total: .....
		Currency: .....
Name:	Reasons for selection:	Airfare: .....
Nationality:		Currency: .....
<i>(attach photocopy of relevant page from passport)</i>		Daily allowance x no of days: .....
Present position:	Title of presentation at conference:	Currency: .....
		Total: .....
		Currency: .....
Name:	Reasons for selection:	Airfare: .....
Nationality:		Currency: .....
<i>(attach photocopy of relevant page from passport)</i>		Daily allowance x no of days: .....
Present position:	Title of presentation at conference:	Currency: .....
		Total: .....
		Currency: .....

*Please copy this page if necessary*