EMFL

Dr. Charles Simon

# Application form for the EMFL/ISABEL exchange program

**Title of the project:**

**Proposer:**

Affiliation:

Address:

Telephone: Fax:

E-mail:

**Planned host researcher:**

Affiliation:

Address:

Telephone: Fax:

E-mail:

**Planned guest researchers:**

Affiliation:

Address:

Telephone: Fax:

E-mail:

**Duration of the exchange:**

**Planned period of the visit:**

**Purpose of the visit:**

**Scientific motivation of the project (max one A4 page):**

(Please cover also the following topics:

- Importance of the project for science in high magnetic fields

- Scientific background of persons involved)

**Budget requested:**

Please send the application form to: info@emfl.eu