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|  | Logo OeADNomination IncomingWISSENSCHAFTLICH-TECHNISCHE ZUSAMMENARBEIT (WTZ)SCIENTIFIC & TECHNOLOGICAL COOPERATION |  |
|  |
| **Cooperation country:** |       |
| **Project number in Austria:** |       |
| **1. Personal data guest researcher** |
| Surname: |       |
| First name: |       |
| Academic degree: |       |
| Date of birth: |       |
| Sex: | [ ]  male | [ ]  female |
| Research institution in the home country: |       |
| Address of home institution: |       |
| Contact: | E-Mail:       |
| **2. Information – Visit to Austria** |
| Date of visit in Austria: | from       | to       |
| Duration of stay: | day(s) total:       | month(s) total:       |
| **3. Information - Austrian project partner** |
| Research institution in Austria: |       |
| Address of host institution: |       |
| Name of the project coordinator in Austria: |       |
| Contact: | Telephone:       | E-Mail:       |
| **4. Reimbursement of accommodation expenses:** (please choose) |
| [ ]  | at our local **OeAD Regional Office** to the guest researcher personally: | [ ]  | **Bank transfer** to the following Austrian bank account (Acknowledgement of receipt signed by the visiting researcher to be send to the OeAD-GmbH / ICM) |
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| [ ]  | Regional Office Graz |
| [ ]  | Regional Office Innsbruck |
| [ ]  | Regional Office Klagenfurt |
| [ ]  | Regional Office Leoben |
| [ ]  | Regional Office Linz |
| [ ]  | Regional Office Salzburg |
| [ ]  | Regional Office Vienna |

 | Name of bank:       |
|  |  | BIC:       |
|  |  | IBAN:       |
|  |  | Account holder:       |
|  |  | Internal assignment number:      (university project accounts ONLY) |
|  |  | Purpose:      (if required) |
| **Please submit this nomination** to the OeAD-GmbH / ICMEbendorferstraße 7, 1010 Wien or per fax: 01/53 408-499 or e-mail: wtz@oead.at **3 weeks prior to your guest researcher’s stay.** |
|  |       | , |       |  |  |  |
|  | Place |  | Date |  | Signature |  |

Version 20.01.2015, M. Staltner (OeAD/ICM/WTZ)