

PROPOSAL AND FACILITY REQUEST FOR EXPERIMENTS UNDER THE EUROPLANET TNA ACTIVITY

PROJECT TITLE

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IS THIS PROJECT A CONTINUATION OF A PREVIOUS PROJECT FUNDED BY THE TNA?

Y/N?

PROJECT LEADER (TO WHOM CORRESPONDANCE WILL BE ADDRESSED)

Name:		
Address:		
Tel.:	Fax:	E-mail:

COLLABORATORS

Name:	Affiliation:

Requested amount of time on facility*

Specify facility you wish to use

Is there another suitable facility in the tna programme?

Preferred dates

Excluded dates

*) For TNA 2 and 3 Time should be given in number of 24 hour days.
For TNA1 expected time allocation is in weeks.

Scientific Programme.

Include your reasons for selecting this particular facility. Explain what samples/equipment you will bring to the Facility and/or require the Facility to provide. For TNA1 field studies give details of any sample transport from the site. Give as many details as possible as this will assist both in the refereeing of your application and preparing your visit to the Facility

Give details on your previous experience using such a Facility and apparatus.
This information helps us allocate technical support and the availability of support may influence the timing of visits.
