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| **1** | **Full Title of Conference**: 15th ISG World Conference 2026 |
| **2.** | **Dates of conference**: Month: Start date: End date: Year: (A 3-day conference is preferred) |
| **3.** | **Location of Conference:**(full name and address of hotel or conference center where the conference will be held):**Address**:**City**:**Postal code**: **Country**: |
| **4.** | **Conference scope** (75 word maximum) |
| **5.** | **Conference keywords**(Please list 5-10 keywords to be used when promoting your conference): |
| **6.** | **Motivation to organize conference:** |
| **7.** | **Description of host organization and its connection to gerontechnology**  | **8.** | **Other involved Universities and/or Research Institutes or partners** |
| **9.** | **Support of national and/or regional Government** |
| **10.** | **Major scientific papers on Gerontechnology of organizers** (Please list at least 10 papers**)** |

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| **11.** | **ISG chapter**Is an existing ISG chapter assisting with conference organisation? If no, will a local chapter be established?And if so, when will this occur? |
| **12.** | **Master class**Will a 2-day PhD master class be held either preceeding or following the conference? |
| **13.** | **Entrance and Accessibility**(Please verify that no participants will be denied access to your country or conference for cultural, religious, national or political reasons)  |
| **14.** | **Site visits** (Please highlight some potential places of interest for conference participants to visit (e.g. labs, smart homes, senior centres, tourist attractions |
| **15.** | **Financial statement**The organizers are aware of the financial requirements listed below:* Remittance to ISG will be €100 for every regular registration and €25 for students.
* Financial responsibility for the Conference is with the organizer, and ISG is not legally responsible for any debts incurred by the Conference
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|  | **ADMINISTRATION** |
|  | **CONFERENCE CHAIR:** |
|  | First name: | Middle initial(s): | Last name: |  |
|  | Address: |
|  | City: | Postal code: |
|  | Country: | Phone number: |
|  | Mobile/GSM number: | Fax number.: |

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|  | Email: |
|  | **SUBMITTED BY:** |
|  | First name: Middle initial(s): Last name: |
|  | Address: |
|  | City: | Postal code: |
|  | Country: | Phone number: |
|  | Mobile/GSM number: | Fax number.: |
|  | Email: |
|  | Conference position: |
| **SIGNATURE:** |  |  |  |

Date: