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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 | | | |
|  | **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: