**ISSRD**

**COLLABORATION ENQUIRY FORM**

**Current Date (DD/MM/YYYY):**

|  |  |
| --- | --- |
| Proposer Name: |  |
| Proposer Affiliation(Mention the complete college/university/Organization Name with address and website) |  |
| Name of the Organization(Complete details of the Organization for the Collaboration) |  |
| Tentative Date of the Conference  |  |
| Venue of the Conference |  |
| Tentative Topic of the Conference and Tentative Conference Name |  |
| Number of people expected to attend the conference? |  |
| Any other Organization associated with this Conference(If Yes, Give the details) |  |
| Will your organization provide financial support to organizing the conference? |  |
| Will your organization provide Conference banquet to organizing the conference? |  |
| Total Budget Estimation |  |
| What is your expectation from us? |  |

**Kindly send this form to:** **collaboration.iraj@gmail.com**