

**APPLICATION FOR COMPENSATION OF EXPENSES
FOR THE ORGANISATION OF INTERNATIONAL EVENT**

___/___/2022

<p>What is the status of the event? (if the event is at the bidding stage, please indicate when the decision is due)</p>	<p><input type="checkbox"/> CONFIRMED</p> <p><input type="checkbox"/> BIDDING STAGE</p> <p>Decision will be made_____</p>
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EVENT DETAILS	
Event title	
Event date (start - end)	
Duration more than 4 hours (without interruption)	<input type="checkbox"/> YES
Name of meeting location (premises for which the rent is paid)	
Event subject / sector	
Event type	<input type="checkbox"/> IN-PERSON <input type="checkbox"/> HYBRID
Planned number of on-site participants (min. 30, excl. speakers, organisers, suppliers)	
Percentage of on-site foreign participants	
Planned number of virtual participants (rough estimate, min 20% of the total number of on-site participants)	
History of event (year, city, country)	1. 2. 3.
Event budget	
Eligible expenses claimed (please tick up to 3)	<input type="checkbox"/> Venue and equipment lease <input type="checkbox"/> Catering for participants <input type="checkbox"/> Transportation <input type="checkbox"/> Publicity of the event <input type="checkbox"/> Entertainment services <input type="checkbox"/> Event organiser services

Are the expenses for the organisation of the event covered by other sources of funding? (if YES, please indicate which services and for what amount will be reimbursed from other sources)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Results of the event, the lasting value for Vilnius	
Event website	
APPLICANT DETAILS	
Name of the legal entity	
Legal entity code	
Country	
City	
Address of registered office	
Contact person (name, surname)	
Job title	
Telephone number (mob.)	
Email	
Event agency (PCO, DMC), contact person, telephone number	

- I hereby agree to the publication of the event in the Go Vilnius meeting calendar.
- I hereby acknowledge and expressly accept the GO Vilnius' rules for compensation of expenses for organizing international events
- I hereby acknowledge and confirm that all of the details I have provided are complete and true and I assume all responsibility in this regard.
- With this application, I acknowledge that participant statistics must be provided after the event for the purposes of calculating the final amount of financial support.

Applicant

(name, surname, signature)