**Application for Financial Support**

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| --- | --- |
| Name |  |
| Affiliation |  |
| Country |  |
| Contact Number |  |
| E-mail Address |  |

|  |  |
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| Statement |  |

To apply for financial support, please email this form to LOC: lidine2022@astrocent.pl. You should also organize for a letter of support from your supervisor to reach the LOC.