
u n l i m i t e d

Innsbruck Tourismus
Burggraben 3
6020 Innsbruck

email: kongressfoerderung@innsbruck.info

APPLICATION FOR CONFERENCE SUBSIDIES

1. TITLE OF CONFERENCE

2. START DATE

3. END DATE

4. TOPIC

5. FOCUS

hier auswählen

6. CONFERENCE SITE

7. PROMOTION OF CONFERENCE

8. AS GREEN MEETING / GREEN EVENT PLANNED

9. ORGANIZATION OF ROOM RESERVATION

9. EXPECTED NUMBER OF PARTICIPANTS

participants
PAX

accompaniment
PAX

day trippers PAX
(no overnight stay)

11. HOTEL ACCOMODATION IN %

% 5-star

% 4-star

% 3-star

% 2-star

12. EXPECTED LENGHT OF STAY

nights

13. EVENT ORGANIZER

12.1 CONTACT PERSON: _____

12.2 ADDRESS / ROAD: _____

12.3 ZIP-CODE MUNICIPALITY: _____

12.4 EMAIL: _____

12.5 HOMEPAGE: _____

12.6 PHONE NUMBER: _____

12.7 MOBILE PHONE: _____

14. DATE

appendix: scheduled conference- and supporting program

appendix: provisional budget

The event can be handed over to the ACB (Austria Convention Bureau) for inclusion in the Congress Calendar of the Austrian Congress and Conference Industry.

15. SIGNATURE
