European Association for Biometrics (EAB)

European Biometrics Research and Industry Award

Application Form

Applicant Information

Name:

Tel No:	Mob No:	Fax No:

Institution/Company:

Current Address:

Email Address:

Town/County:	Country:	Postal Code:

Title of Ph.D. (if applicable)

Date of Ph.D. Graduation (if applicable)	Expected date of PhD Graduation: (if applicable)
Name of PhD Supervisor (if applicable)	Email of PhD Supervisor (if applicable)

Institution/Company Information

Institution/Company Webpage:

Research Area:

Biometric Research Paper

Title & Subject of the Paper:

Excerpt of the Paper:

Briefly describe the innovative potential of the work:

Briefly describe the commercial aspect of your work:

Signature

Signature of the Applicant:	Date: