

ERCOM - European Research Centres on Mathematics

Questionnaire

To determine the eligibility of your centre's representation in ERCOM we would like you to provide the following information; once completed, this questionnaire should be sent to the ERCOM chair.

Please send it to: ERCOM chair
 CWI
 Attn. Prof.dr. J.K. Lenstra,
 PO Box 94079
 1090 GB Amsterdam
 THE NETHERLANDS

General information

Name of Centre: _____

Acronym: _____

Name of Scientific Director: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Website URL: _____

Brief description of the centre: _____

Legal status

Please describe the legal status: _____

Permanent staff at the centre (fte)

- Scientific: _____

- Administrative: _____

Budget (confidential)

Annual budget: _____ Currency: _____

Library

Please describe the library access: _____

Visitors

- Number of short visitors per year: _____

- Number of long visitors per year: _____

- Positions open for application: _____

Activities

Please describe the emphasis of the centre's efforts (e.g. thematic periods and/or conference oriented, types of advanced training activities, etc.)

Remarks

Please give further remarks here:

Signature

This questionnaire was filled in by: _____

Date of submission: _____

Signature: _____