

**Application Form:
ESO Department to Department Visit 2010**

Applicant's name _____

Applicant's Email address _____

Date of birth _____
(born after 01/ 01/ 1975)

Name of actual
working institution,
country _____

Preferred host
institution (please indicate
also preference to country
and language) _____

Desired duration
(2 - 4 weeks) _____

Anticipated
beginning/end of
the programme _____

To be enclosed:

1. C.V. (1 page)
2. List of publications
3. Letter of recommendation from head of department
4. Letter of motivation (1/2 page)
5. Copy of identity card/passport

Please send the original and 4 copies to the following address:

ESO Administrative Secretariat
Association House
Freie Strasse 90
P.O. Box
4002 Basel / Switzerland

Please note that applications submitted by fax or email will not be accepted.

Deadline for submission: 31 January 2010 (date of receipt)