

**UNIVERSITY OF GHANA**

**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)**

**CONFERENCE GRANT**

**REPORT FORM**

**FOR ORGANISING A CONFERENCE/WORKSHOP/SEMINAR IN GHANA**

Reports are to be submitted **WITHIN 1 MONTH AFTER ORGANISING the Conference/workshop/seminar,** through the Head of Department with a copy to the Faculty Dean

**IMPORTANT!!! THIS REPORT MUST BE TYPED**

Before you submit this report, please check that you have attached the following:

1. *Copy of participants attendance sheets*
2. *Summary of expenditure with original receipts on payments/purchases attached*
3. *Proof of implementation of conference/workshop/seminar (e.g. group photograph)*
4. *A copy of paper(s) presented (where applicable), reviewed or critiqued.*
5. **CONTACT PERSON(S) PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Title:** |  |
| **Department:** |  | **College/Faculty/School:** |  |
| **Position at UG:** |  | **Position in relation to conference organisation:** |  |
| **Phone (office ext.):** |  | **Cell phone:** |  |
| **E-mail:\*** |  | **Alternate E-mail:** |  |

*\*please provide an active e-mail address, as important information may be communicated via e-mail. Provide, on a separate sheet, details of the organising committee members.*

1. **CONFERENCE DETAILS**

|  |  |
| --- | --- |
| **Title of Conference/Seminar/Workshop:** *(e.g. 5th Annual meeting of…)* |  |
| **Theme of Conference/Seminar/Workshop:*****(if any)*** |  |
| **Dates:** |  | **Venue:** |  |
| **Number of Participants\*\*** |
| **Local:** |  | **International:** |  | **TOTAL:** |  |

\*\* *Copy of participants attendance sheets*

1. **DESCRIPTION OF CONFERENCE/WORKSHOP/SEMINAR**

|  |
| --- |
| *(Please outline briefly a general description of the conference/workshop/seminar)* |

1. **DETAILS OF PAPER(S) PRESENTED**

|  |
| --- |
| *Please list paper(s) presented in this space and attach copy(s) of papers presented or reviewed, critiqued or chaired. Give an indication of where these papers can be consulted if not readily available. ( abstract(s) must be attached on a separate sheet)* |

1. **ASSESSMENT OF CONFERENCE**

|  |
| --- |
| *Briefly outline the benefit of the conference and how it will impact on your Department/Faculty/School/College.* |

1. **ANY OTHER COMMENTS:**

|  |
| --- |
|  |

Grant Recipient’s signature: …………………………………………….. Date: …………………………………………………

HOD’s signature & stamp: ……………………………………………… Date: …………………………………………………

***For Official Use Only***

Date Due: enter date hereDate Received: enter date here Grant close date: Enter date here.