

Conference Support Program **APPLICATION FORM**

Please save this application and submit it, and any attachments, as a single .pdf file to albertaneuro@ucalgary.ca.

1. Primary Applicant
SURNAME FIRST NAME & INITIAL(S)
UNIVERSITY/INSTITUTION DEPARTMENT
PHONE EMAIL
MAILING ADDRESS
2. Proposed Conference Information
CONFERENCE TITLE
CONFERENCE LOCATION
PROPOSED CONFERENCE DATES FROM TO (YYYY/MM/DD) (YYYY/MM/DD)
3: Conference Objectives Please provide a brief description of the proposed conference's primary objectives. Include proposed topics of presentation and/or discussion and expected outcomes.

Please provide a brief descript		nce's Objectives	
	ion of how the proposed conferen education, and translation in Albe		euroscience
5. Registration and F	Participation Informatio	n	
	NUMBER OF	TOTAL NUMBER	
REGISTRANT CATEGORY	CONFIRMED REGISTRANTS	OF REGISTRANTS EXPECTED	REGISTRATION FEE
Undergraduate Students			
Graduate Students			
] [
Postdoctoral Fellows			
Faculty			
,			
Other			
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Other			
Other 6. Description of Pla	nned Use of CAN Supp		
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7. Funding Support from Other Sources

Please indicate other sources of funding that have been applied for and secured

FUNDING SOURCE	STATUS	
Source	Value	(applied, secured, other)
*		•



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