



Campus Alberta Neuroscience

Conference Support Program REPORT FORM

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

1. Primary Applicant

SURNAME	<input type="text"/>	FIRST NAME & INITIAL(S)	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>
UNIVERSITY/INSTITUTION	<input type="text"/>		

2. Conference Information

CONFERENCE TITLE	<input type="text"/>		
CONFERENCE LOCATION	<input type="text"/>		
CONFERENCE DATES			
FROM	<input type="text"/>	TO	<input type="text"/>
	(YYYY/MM/DD)		(YYYY/MM/DD)

3: Conference Outcomes

Please provide a brief description of the overall outcomes of the conference, including how the conference contributed to neuroscience or mental health research, education, and/or translation in Alberta

4. Alberta Trainee Participation

Please provide a brief description of how the CAN Conference Support Program funds were used to promote and encourage Alberta trainee attendance, and how the trainees benefited from participation in the conference

5. Attendee Information

	Undergraduate Students	Graduate Students	Postdoctoral Fellows	Faculty	Other
Number of Attendees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Heritage Medical Research Building, 3330 Hospital Dr. NW, Calgary, AB T2N 4N1
403-220-2422 | albertaneuro.ca | abneuro@ucalgary.ca

