



# Campus Alberta Neuroscience

## Team Formation Program

### REPORT OF VISIT

This report must be completed by the principal applicant and submitted to [albertaneuro@ucalgary.ca](mailto:albertaneuro@ucalgary.ca) within 60 days following the completion of the visit.

#### Principal Applicant

NAME:

INSTITUTION:

EMAIL:

PHONE:

#### Other Meeting Participants

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

#### Brief Description of Meeting

#### Outcome of Meeting

How did the meeting support the establishment and expansion of neuroscience or mental health collaborations and teams across campuses in Alberta?



Campus Alberta  
Neuroscience



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