

AUSTRALIAN AND NEW ZEALAND SOCIETY OF NEPHROLOGY

145 Macquarie Street Sydney NSW 2000 AUSTRALIA
Tel 61 2 9256 5461 Fax 61 2 9241 4083 Email anzsn@racp.edu.au



APPLICATION FOR TRAVEL GRANT

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE: _____

MOBILE: _____

FAX: _____ EMAIL: _____

NAME OF MEETING: _____

DATES OF MEETING: From- _____ To- _____

HOSPITAL OR UNIVERSITY POSITION(S): _____

FULL-TIME RESEARCH PART-TIME RESEARCH

ESTIMATED ANNUAL INCOME (from all sources including private practice):

MEMBER OF ANZSN: YES NO

SIGNED: _____ DATE: _____

NAME OF SUPERVISOR: _____

SIGNATURE OF SUPERVISOR (confirming eligibility of applicant):

Abstract: Submitted* Accepted oral Accepted poster Rejected

*Please advise as soon as you receive notification about whether your abstract has been accepted or rejected and forward a copy of the notification letter to the Society Office.

Guidelines: **APPLICANTS MUST:**

1. Have an abstract accepted for oral or poster presentation
2. Be at an early stage of their career
3. Be a member of ANZSN for not less than one (1) year at the time of the meeting
4. Be a current financial member
5. Attend and present their abstract

Please note that acceptance of any other external funding for the meeting will preclude receipt of this award

Previous Support:

Please list any travel grants or awards previously received from the ANZSN together with the year awarded

PLEASE ATTACH A COPY OF ABSTRACT(S) SUBMITTED

and

Return form to:
Honorary Executive Officer
ANZSN
145 Macquarie Street
SYDNEY NSW 2000 AUSTRALIA

Office Use:

Membership date:

Subscription paid: Y N