Application Form

CONFERENCE/SYMPOSIUM FUNDING REQUEST (Application must be typed)

| 1. Project Manager/Host: The project manager MUST be a full-time academic staff member in the Faculty of Medicine & Dentistry at the University of Alberta | | | | |
|--|---|------------------|---|--|
| Name: | · · | | Application Date: | |
| Sumame | Given Name(s) | | | |
| Academic sta | | | Telephone: | |
| Trademire sta | | | Tacphone. | |
| Department: | Faculty: | | E-mail: | |
| 2. Event I | nformation: | <u> </u> | | |
| Title of Even | t: | | | |
| Location or virtual (Please specify-MUST Date of Event: | | | | |
| be in Alberta | From | | То | |
| | Not the end date of the event – le | eave 6 1 | months for all expenses/revenue to clear. | |
| Type of Ever | nt: Conference Symposium | | | |
| ▶Will you be d | narging/collecting registration fees? | | | |
| No ☐ Ye | s Note: You must collect 5% GST on all registration fees. | | | |
| Brief description (nature, purpose, importance, topics to be addressed, relation to the U of A). | | | | |
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| Do any of the activities planned during this event require biohazards, animal welfare or human ethics certification? | | | | |
| No | Yes Please explain: | | | |
| Do any of the | e activities planned during this event conflict with existing University pe | oli a es? | | |
| No | Yes | | | |
| | Please explain: | | | |
| | | | | |

| 3. Revenue: | | | | |
|--|--|--|--|--|
| - November | | | | |
| Estimated total cash flow (all revenue) | | | | |
| | | | | |
| Estimated revenue from donations: | | | | |
| | | | | |
| Estimated and a second desired the second and a second an | | | | |
| Estimated revenue from internal charges (registration fees, etc.) | | | | |
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| Sources of external revenue: | | | | |
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| Sources of internal revenue: | | | | |
| Sources of internal revenue. | | | | |
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| 4. Funding Request: | | | | |
| Places onto the amount requested | | | | |
| Please enter the amount requested: | | | | |
| \$2,000 for international conferences/symposiums | | | | |
| \$1 500 formational and formation of a single- | | | | |
| \$1,500 for national conferences/symposiums | | | | |
| \$1,000 for provincial conferences/symposiums | | | | |
| | | | | |
| 5. Signatures: I agree to hold this project/grant as described in the terms of reference | This is a University-sponsored conference/symposium and | | | |
| the department listed above accepts any over expenditures. | . This is a Oniversity-sponsored conference, symposium and | | | |
| Project/Grant Manager (Host): | Date: | | | |
| | | | | |
| Print Name Signature | | | | |
| Department Chair: | Date: | | | |
| • | | | | |
| | | | | |
| Print Name Signature | | | | |

NOTE: Effective September 1, 1999 all personal information collected by the University of Alberta will be subject to the Alberta Freedom of Information and Protection of Privacy Act (FOIPP). All personal information is collected in accordance with the Universities Act and is used for the purposes of general administration of the Office of Research, Faculty of Medicine & Dentistry. For further information on the collection of this information, please contact the Office of Research, Faculty of Medicine & Dentistry, email vdradmin@ualberta.ca.