

TRANSPLANTATION SOCIETY OF AUSTRALIA & NEW ZEALAND

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T · S · A · N · Z

APPLICATION FOR TRAVEL GRANT TO INTERNATIONAL MEETINGS

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE: _____

EMAIL: _____

FAX: _____ MOBILE: _____

NAME OF MEETING: _____

DATES OF MEETING: _____

*ABSTRACT: Submitted Accepted Rejected

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

ELIGIBILITY GUIDELINES:

For specific eligibility guidelines visit www.tsanz.com.au/awardsandfellowships/index.asp

PREVIOUS SUPPORT:

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

Please forward a copy of submitted abstract(s), a brief CV and a letter of support from your supervisor to tsanz@tsanz.com.au or 145 Macquarie Street Sydney NSW 2000 Australia

CLOSING DATES: 1st March - for meetings held 1st April - 30th June
1st June - for meetings held 1st July - 30th October
1st October - for meetings held 1st November - 31st March