



## BCCGN TRAVEL AWARD APPLICATION FORM

### CONDITIONS

- Applications can be submitted at any time.
- Successful applicants will be notified within 30 days following submission.
- Travel awards will not be awarded for travel occurring before the submission date.
- To be eligible the applicant must fulfill one of the following criteria
  - under-graduate or graduate student studying in BC
  - post doctoral fellow or junior faculty member working in BC
  - medical student or resident receiving training in the province of BC
  - physician registered to practice in the province of BC
  - technician working in BC on technology critical to the development of genomics
- To be eligible for a travel award the applicant must submit one of the following
  - **to attend a non BCCGN conference or workshop** in the area of clinical genomics – an abstract for a paper or poster accepted by the conference organizers, including a copy of the letter of acceptance
  - **to attend the BCCGN annual conference or other BCCGN event** – a paragraph explaining how they expect to benefit, including how it may be relevant to research they may conduct
- Allowable expenses under this program include transportation costs, conference registration fees and accommodation up to a maximum value of \$1000. Funds will be distributed after the event only on submission of original receipts.

### PERSONAL INFORMATION

First Name	_____	Organization	_____
Last Name	_____	Department	_____
Fax	_____	Street	_____
E-mail	_____	City	_____
Telephone	_____	Postal Code	_____

1. I am applying for this award on the following grounds (check only one)

Under-Graduate Student	<input type="checkbox"/>	Graduate Student	<input type="checkbox"/>
Post Doctoral Fellow	<input type="checkbox"/>	Junior Faculty Member	<input type="checkbox"/>
Medical Student	<input type="checkbox"/>	Resident	<input type="checkbox"/>
Clinician	<input type="checkbox"/>	Technician	<input type="checkbox"/>

2. Name of Conference / Workshop \_\_\_\_\_

3. Location of Conference / Workshop \_\_\_\_\_

4. Date of Conference / Workshop \_\_\_\_\_

5. If you are presenting at a non BCCGN event then please tell us what you will present

Paper  poster  as a session panelist

abstract title (**attach copy**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If you are not presenting, but wish to attend a BCCGN conference or workshop then please explain how you expect attendance at this event to be of value to you:-

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7. I am applying for

- o Transportation Costs indicate amount being requested \$ \_\_\_\_\_ CAD
- o Conference Fees indicate amount being requested \$ \_\_\_\_\_ CAD
- o Accommodation indicate amount being requested \$ \_\_\_\_\_ CAD
- o **Total Funds Requested** \$ \_\_\_\_\_ **CAD**

8. Please explain your need for a travel award

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9. Reference

I confirm, as per the eligibility guidelines, that this applicant is eligible for funding

Name	_____	Telephone	_____
Title	_____	E-mail	_____
Signature	_____	Fax	_____

### AGREEMENT

I agree to abide by the terms and conditions of this application and I acknowledge that the information I have provided is accurate

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

### SUBMISSION

Email or fax your completed form and any other required information to  
Lesley Phillips, Business Manager  
BC Clinical Genomics Network  
lesleyp@mail.ubc.ca  
Fax – 604 875 3019