

OFFICE OF RESEARCH

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## Virtual Conference/Symposium Funding Application

<ol> <li>Project Manager/Host: The project manager MUST be a University of Alberta</li> </ol>	a full-time academic staff mem	ber in the Faculty of Medicine & Dentistry at the
Name:		Application Date:
Surname	Given Name(s)	
Academic status:		Telephone:
Department:	Faculty:	E-mail:
2. Event Information:		
Title of Event:		
Location (MUST be in Alberta):	Date of Event: From	То
Type of Event: Conference	Symposium	
Will you be charging/collecting regis No ☐ Yes ☐ Note: You must co	tration fees? ellect 5% GST on all registratio	n fees.
Brief description (nature, purpose,	importance, topics to be addr	essed, relation to the U of A).

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 activities planned during this event conflict with existing University policies?			
No  Yes Please explain:			
3. Revenue:			
Estimated total cash flow (all revenue)			
Estimated revenue from donations:			
Estimated revenue from internal charges (registration fees, etc.)			
Sources of external revenue:			
Sources of internal revenue:			
4. Funding Request:			
Please enter the amount requested:			
\$2,000 for international conferences/symposiums			
\$1,500 for national conferences/symposiums			
\$1,000 for provincial conferences/symposiums			
<ol> <li>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.     </li> </ol>			
Project/Grant Manager (Host): Date:			
Signature:			