| **NMIN Travel Award Application Form** |
| --- |
| Applicant Name: |  |
| Position: |  |
| Institution: |  | Email: |  |
| Supervisor: |  | Phone: |  |
|  |
| Event: |  |
| Date: |  | Location: |  |
| 1. Brief Summary of Event:
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|  |
| 1. How will this event enhance your professional development and contribute to the achievement of [NMIN’s vision and mission](https://www.nanomedicines.ca/about/#vision)?
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|  |
| 1. If you have submitted an abstract for presentation (poster, oral, panel, *etc.*), what is the abstract title?
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|  |
| 1. Funding Request

NMIN funds up to 50% of the costs of attending an event to a maximum of $1,000 per award for events in Canada, and $1,500 per award for international events. |
| **Eligible Expenses** | **Estimated cost** | **Source of Matching Funding[[1]](#footnote-1)** |
| Registration Fee |  |  |
| Travel |  |  |
| Ground Transportation |  |  |
| Accommodations |  |  |
| Meals |  |  |
| Other (*specify*) |  |  |
| **Total** |  |  |
|  |
| Amount and percent to be paid by NMIN | $\_\_\_\_\_\_ | \_\_\_\_\_\_% |
| Amount and percent to be paid by partner | $\_\_\_\_\_\_ | \_\_\_\_\_\_% |
| 1. Please provide any additional information that you feel would support this application.
 |
|  |
| **Disclaimer and Signature** |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award, including advertising of the award by NMIN. |
|  |  |
| Signature of HQP | Date |
|  |  |
| Signature of Supervisor | Date |
| Submit completed application forms and a supervisor’s letter of support to Divya Rao, Manager, HQP Programs & Network Events, at: divyarao@nanomedicines.ca. Only electronic applications will be accepted. |

1. NMIN project funds **cannot** be used as matching funding. [↑](#footnote-ref-1)