



Canadian Society of Pharmacology
and Therapeutics

Travel Bursary Application

Applicant Name: _____

Supervisor Name: _____
(if applicant is Student or Associate member)

CSPT Meeting for which: _____
support is requested

Meeting Date: _____

Abstract Title: _____

Signatures: Applicant: _____ Date: _____

Supervisor: _____ Date: _____
(if applicant is Student or Associate member)

Please submit your application to:
Ranee Holmes
info@pharmacologycanada.org