

**APPLICATION FOR TRAVEL BURSARY**  
**CANADIAN SOCIETY OF PHARMACOLOGY AND**  
**THERAPEUTICS**

**Applicant Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_  
*(if applicant is a student or associate member)*

**CSPT Meeting for which bursary is being requested:** \_\_\_\_\_

**Dates of Meeting:** \_\_\_\_\_

**Abstract Title:** \_\_\_\_\_  
**(\*\*\*attach copy of abstract\*\*\*)**

**Signatures:** Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if applicant is a student or associate member)*

The student/postdoctoral applicant and their research supervisor must **both** be members in Good Standing (paid up dues) of the Canadian Society of Pharmacology and Therapeutics (CSPT) at the time of application. The bursary applicant must also be the presenting or senior author. Upon approval, reimbursement (to a maximum specified by the Society) will be made after the meeting upon submission of the expense claim (see CSPT website) and original supporting receipts.

**Please send applications and claims to:**  
Kathryn Gaebel MSc  
CSPT Executive Administrator  
62 Tragina Ave South, Hamilton, ON L8K 2Z3  
Tel: 905-523-7284 ext 5277 alternate: 905-547-9410  
Fax: 289-389-0619  
E-mail: [gaebk@mcmaster.ca](mailto:gaebk@mcmaster.ca)

**Complete applications must be received at least two weeks prior to the start of the meeting for which the travel bursary is being requested.**