**Application Form**

**CLSI Conference Workshop Travel Support Program**

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| **Name:** | Click here to enter text. |
| **University/College:** | Click here to enter text. |
| **Name of supervisor:** | Click here to enter text. |
| **Email address:**(Must be valid institutional email address) | Click here to enter text. |
| **CLSI Conference Workshop:**(Limit one Conference / Workshop per application) | Click here to enter text. |
| **Date of Travel to Saskatoon:** | Click here to enter a date. |
| **Have you applied for, or been awarded, travel support from CLSI for the same period identified above?** | Choose an item. |

[ ]  **I agree to the Terms of the Travel Reimbursement**

* Reimbursement is based on expenses for travel and room accommodation only, up to the maximum amount based on location. Invoices for travel reimbursement must be submitted to CLSI from applicant’s home institution within three (3) months of visiting the CLS associated with this application.