



The Transplantation Society of Australia and New Zealand

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APPLICATION FOR TRAVEL GRANT TO INTERNATIONAL MEETINGS

NAME: _____

WORK
ADDRESS: _____

PHONE: _____

EMAIL: _____

MOBILE: _____

NAME OF MEETING: _____

DATES OF MEETING: _____

*ABSTRACT: Submitted ☐ Accepted ☐ Rejected ☐

*Please advise the Society Office as soon as you receive notification about whether your abstract has been accepted or rejected and email a copy of the notification letter.

ELIGIBILITY GUIDELINES:

For specific eligibility guidelines visit www.tsanz.com.au/awardsandfellowships/index.asp

PREVIOUS SUPPORT:

Please list any travel grants or awards previously received from TSANZ together with the year awarded

Please forward a copy of submitted abstract(s), a brief CV, a letter of support from your supervisor and any other supporting documentation to tsanz@tsanz.com.au or Level 7, 149 Macquarie Street Sydney NSW 2000 Australia

CLOSING DATES: 1st December for meetings held 1st January – 31st May
1st May for meetings held 1st June – 31st December