



THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION

Trainee Travel Support Application

Graduate Students and Postdoctoral Fellows

Applicant Information

Name of Applicant:

Name of Supervisor:

Program of Study:

Email Address:

Conference Information

Name of Conference:

Date(s) of Conference:

Location of Conference:

Title of Abstract:

Co-Author(s):

MY ABSTRACT WILL BE SUBMITTED FOR PUBLICATION IN:

Peer-reviewed journal or book

Conference Proceedings

Unsure/Not Applicable

Signatures

Recommendation of Supervisor:

Date: _____ Signature _____

Signature of Applicant:

Date: _____ Signature _____

APPROVAL

Date: _____ Signature _____