

British Paediatric Respiratory Society

APPLICATION FOR A TRAVEL AWARD 2014 onwards

Please attach your abstract with this application

|  |  |
| --- | --- |
| Name |  |
| Qualifications |  |
| Address |  |
| Email |  |
| Current position |  |
| How long have you been a member of the BPRS? |  |
| Have you previously received a joint BPRS/British Lung Foundation travel award? If yes - state when.  Have you been previously been awarded this BPRS travel award? |  |
| What conference are you going to? |  |
| Is you abstract being presented as a poster only or as an oral presentation? |  |
| Please give details of any other financial support expected for this meeting (if no support state “none”) |  |
| What is your estimate (£) for;  Registration  Travel  Accommodation |  |

Please sign and date the declaration below;

1) I will return the award if my trip is cancelled.

2) I will send proof of attendance (e.g. attendance certificate) to Dr. Louise Fleming within 1 week of return.

Signature of applicant

Please e-mail a signed, scanned copy or with e-signature to [secretary@bprs.co.uk](mailto:secretary@bprs.co.uk)