



**McGill-CIHR Drug Development Training Program  
Travel Award Application Form**



**A. Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

McGill ID: \_\_\_\_\_ e-mail: \_\_\_\_\_

Program: MSc  PhD  Post-Doc  Department: \_\_\_\_\_

DDTP Appointment Period from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**B. Event Information**

Name of Event: \_\_\_\_\_

Dates of Event from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Location of Event (City, Country): \_\_\_\_\_

**C. Budget Information (registration, travel, lodging, meals)**

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**D. Oral Presentation, or Poster Information**

Oral Presentation  Poster

Title: \_\_\_\_\_

Authors Names: \_\_\_\_\_

Will you be presenting the paper? Yes  No

## **E. Abstract of Presentation**

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**F. Relevance to the DDTP mandate of drug discovery and development (Justify both the relevance of the research presented and the meeting to be attended. Comment on preliminary sessions to be attended, colleagues and experts in drug discovery expected at the meeting, etc.)**

## G. Supervisor Information

Name: \_\_\_\_\_

Please confirm the student's attendance at the meeting. Comment on the relevance of the meeting to the DDTP mandate, and indicate your contribution towards the cost:

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Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## H. Checklist Information

- Proof of Acceptance (e.g. email notification from organizers)
- Application Form (3 pages completed and signed)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please confirm the student's attendance at the meeting, the relevance of the meeting to the DDTP mandate, and indicate your contribution towards the cost: