

ASSTA Conference Travel Awards

Application Form

Applicant Details

TITLE _____ SURNAME _____

GIVEN NAMES _____

POSTAL ADDRESS _____

TELEPHONE (____) _____ EMAIL _____

ASSTA MEMBERSHIP NUMBER _____

Title of Conference: _____

Date of Conference: _____

Title of Paper accepted by Conference: _____

Authors on Paper: _____

The paper was accepted based on: full paper / abstract submission

A **copy of the paper/abstract** and **official letter of acceptance** must be submitted to ASSTA with this application and this application **must signed by the PhD Supervisor or Research Group Director**.

Supervisor Declaration

I declare that the applicant satisfies all the eligibility requirements for this award and that all attachments and statements provided are true and accurate records and I authorise ASSTA to verify any facts. I understand that if any information is found to be false this application and/or any subsequent awards may be cancelled.

Signature:

Date:

Name:

Email:

Organisation:

Role: (e.g. PhD Supervisor)