

Society for Education in Anaesthesia (UK)

TRAVEL GRANT APPLICATION

SECTION 1

1	Name:
Address:	
Present Appointment:	
	E-mail:

2	<i>For conferences/meetings</i>
Title of meeting:	
Venue:	
Dates:	
Title of paper/poster being presented:	

Please enclose confirmation of acceptance of paper/poster

2	<i>For conferences/meetings</i>
Title of meeting:	
Venue:	
Dates:	
Title of paper/poster being presented:	

Please enclose confirmation of acceptance of paper/poster and copy of abstract/poster

3	<i>For visits to other centres</i>	
Place where the visit will be carried out:		
Address of Centre:		
Name of person at centre agreeing to the visit:		
Tel:	Fax:	E-mail:

Please enclose confirmation of acceptance of visit from proposed centre

4	<i>(For trainees only)</i> Name, Address, present appointment, e-mail of supervisor:
Name of supervisor:	
Present Appointment:	
Address:	

Society for Education in Anaesthesia (UK)

Tel:	Fax:	E-mail:
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5	Proposed duration of visit:
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SECTION 2

SECTION 3

Please provide estimated total costs of visit and details of specific support requested

		Total costs	Support requested
1	Travel costs:		
2	Registration fee:		
		TOTAL COSTS	TOTAL SUPPORT REQUESTED
		Total costs	Support requested
1	Travel costs:		
2	Registration fee:		
		TOTAL COSTS	TOTAL SUPPORT REQUESTED

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Has funding for this visit been obtained or applied for from any other source?