



## IATDMCT APPLICATION FORM INTERNATIONAL TRAVEL GRANTS

PLEASE SUBMIT BEFORE APRIL 30<sup>th</sup> OF THE CONGRESS YEAR  
*The committee will send letters of notification to applicants by June 30.*

**Information on person making the application:**

IATDMCT Member

*If not a member, please supply full address, phone, mobile, and email*

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

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

Institution: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I am applying as:**

A scientist with 10 years or less experience in the field  
*Required: Attach statement from supervisor indicating applicant's experience.*

Resident of Developing Country

How long have you been a member of IATDMCT? \_\_\_\_\_

Have you attended an IATDMCT Congress before?  Yes  No

Do you plan to submit/Have you submitted an abstract?  Yes  No

**Please enclose the following required documents.**

**1. Letter from Supervisor**

*Please include a letter from work supervisor on institution letterhead supporting your application and indicating that full funding is not available to send the applicant to the Congress.*

**2. Curriculum Vitae (C.V)**

*Please attaché your current Curriculum Vitae*

**3. Available Resources**

*Please attach information about other resources available for the applicant to attend the Congress. Applicant must be able to pay for airfare and other expenses related to travel to the Congress*

**4. Intended Outcome**

*Please attach a statement on the benefits of attending the Congress to you personally, and an outline of how you plan to pass on these benefits to other scientists in your country.*

**Send your completed application, with all required attachments to:**

IATDMCT Awards  
4 Cataraqui Street, Suite 310  
Kingston, Ontario K7K 1Z7  
Canada

Tel: 613-531-8166  
Fax: 613-531-0626  
Email: [office@iatdmct.org](mailto:office@iatdmct.org)