**CSPT Travel Awards Application Instructions: 2024**

**The CSPT Conference Travel Award**

* **Purpose** – To provide financial support for costs associated with attending CSPT 2024 in Ottawa for trainees who will be delivering a poster or oral presentation at the conference.
* **Amount** – A maximum of $500 will be awarded per travel award.
* **Number of awards** – A minimum of 10 awards will be available.
* **Eligibility Requirements**
	+ Submission of a 1st author abstract for CSPT Ottawa 2024 by the abstract deadline, April 5th, 2024.
	+ Must be a CSPT trainee member in good standing at the time of application.
	+ Trainees1 who apply for CSPT membership at the time of their abstract submission are eligible.
	+ Trainees residing in the Conference host city of Ottawa or immediate vicinity are **NOT** eligible.
* **Adjudication**
	+ Awards will be based on the peer review and ranking of submitted abstracts.
* **Award Notification and Disbursement**
	+ Successful Applicants will be notified in May.
	+ Funds will be disbursed after the completion of the CSPT 2024 meeting upon receipt of a completed travel claim form. Please refer to the CSPT Travel Claim Policy for a description of allowable expenses.

1Eligible Trainee Members include undergraduate members, graduate student members and postdoctoral fellows (within 5 years of Ph.D. completion) and medical residents or clinical fellows that hold a CSPT Membership

**CSPT Travel Awards Application Form: 2024**

**How to Apply**

Complete the following Travel Awards Application Form and email it together with your proof of Abstract Submission to info@pharmacologycanada.org no later than **11:59 PM ET on April 5, 2024**.

**Applicant Name:**

**Supervisor Name:**

**CSPT Meeting:** 2024 Joint Meeting with the Safety Pharmacology Society

**Meeting Date:** June 16-19, 2024 Ottawa, Ontario

**Abstract Title:**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_