**CSPT Travel Awards Application Instructions: 2022**

**The CSPT Conference Travel Award**

* **Purpose** – To provide financial support for costs associated with attending CSPT 2022 in Montreal for trainees who will be delivering a poster or oral presentation at the conference.
* **Amount** – A maximum of $400 dollars will be awarded per travel award.
* **Number of awards** - Four awards will be available.
* **Eligibility Requirements**
	+ Submission of a 1st author abstract for CSPT Montreal 2022 by the abstract deadline, June 15th, 2022.
	+ Must be a CSPT trainee member in good standing at the time of application.
	+ Trainees1 that apply for CSPT membership at the time of their abstract submission are eligible.
	+ Trainees residing in the Conference host city Montreal 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 July.
	+ Funds will be disbursed after the completion of the CSPT 2022 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 PHD completion) and medical residents or clinical fellows that hold a CSPT Membership

**CSPT Travel Awards Application Form: 2022**

**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 June 15, 2022**.

**Applicant Name:**

**Supervisor Name:**

**CSPT Meeting:** 2022 Joint Meeting with the Safety Pharmacology Society

**Meeting Date:** September 11–14, 2022 Montreal, Quebec

**Abstract Title:**

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

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