

Hotel

APPLICATION FOR SSHRC CONFERENCE TRAVEL SUPPORT

1.	APPLICANT INFORMATION:				
	Name:				
	Department:				
	Telephone Number:				
	Email:				
	TITLE OF PAPER OR DESCRIPTION OF NATURE OF CONFERENCE PARTICIPATION: (please provide letter of confirmation or copy of program)				
	-				
	Sponsor and Focus of Conference (Please provide documentation about the conference)				
	Location, start and end dates of your participation in the conference (Day/Month/Year)				
2.	COSTS:				
۷.	Transportation: (least expensive method):				
	Fromto\$				
	(city) (city)				

	Subsistence Requested: Number of Days:	or USD for US travel as per the relevance CRA guideline	
3.	PREVIOUS AWARDS: (Please list 3 most recent a Date: Date: Date: Date:		r other USMC source)
	Signature of Applicant:	Date: _	
4.	APPROVAL OF PRINCIPAL, DEAN OR DIRECTOR:		
l ce	ertify that this application has my support.		
Na	me	Signature	
Da	te:		
OF	EASE SUBMIT ONE HARD COPY OF SIGNED APPLIC COMPLETED FORM PLUS CV IN AN APPROVED FO MINISTRATION COMMITTEE		

Updated January 2017