

INTERNATIONAL CONFERENCE ON METABOLIC BONE DISEASE

10-13 June 2003 Coolumb, Queensland, Australia

ANZBMS TRAVEL GRANT APPLICATION FORM

Name (please print) _____

Title of Abstract:

.....

Address for correspondence:

..... Postcode:

Email Address:

Telephone number:..... Fax number:

Qualifications: Course currently enrolled in:

Current position _____

I confirm that I am a current financial member of ANZBMS Yes No

I confirm that I am presenting and first author of a paper at the International Conference on Metabolic Bone Disease-2003 meeting Yes No

I confirm that I have made a substantial contribution to the paper Yes No

I confirm that I am ineligible for other departmental or institutional funds Yes No

I confirm that I am employed at a level equivalent to below a lecturer level Yes No

Signature of applicant:

Supervisor/Head of Department signature:

Supervisor's/Dept. Head's Name:

Date:

Please complete and return this form by 19 March 2003 to:

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