

****Participants Travelling from out of Ontario****

National Molecular Microbiology Diagnostics Users Group
2009 Annual Fall Conference
October 19th and 20th
St. Joseph's Healthcare
Hamilton, Ontario

EDUCATIONAL-TRAVEL GRANT

I am requesting an educational-travel grant for the above conference. Your flight and airfare costs will be reimbursed following the meeting.

Signature: _____ Date: _____

Please mail the cheque to my attention at:

Name: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-Mail: _____

You will be notified of your acceptance by September 28, 2009.

For Office Use Only:

Authorized: _____ Date: _____

****Educational Grant submission must be received by September 25, 2009. You will learn of your acceptance by September 28, 2009****

Send Completed Application Forms to:

Dr. Astrid Petrich

Fax: 905-521-6083

Email: petricha@mcmaster.ca
