

IAOP Travel Grant

Application form

Date.....

First name	
Last/ Family name (MyLastName)	
Email address	
I confirm that I am a member of IAOP	Yes/ No
I have submitted an abstract to the local organising committee by the relevant deadline for the Congress	Yes/ No
I am not a resident of the country hosting the Congress	Yes/ No
I will be attending the Congress to present my presentation	Yes/ No
I have not received an IAOP Travel Grant previously	Yes/ No
I have saved this document as MyLastName Travel Grant Application.doc/docx	Yes/ No
I have named my abstract MyLastName Travel Grant Abstract.doc/docx	Yes/ No

Send the above files (**MyLastName Travel Grant Application.doc/docx** and **MyLastName Travel Grant Abstract.doc/docx**) to the IAOP Secretary at Sonja.iaop@gmail.com on or before the abstract closing date.