

AUSTRALIAN & NEW ZEALAND ORTHOPAEDIC RESEARCH SOCIETY

ABN 51 909 287 273

14th Annual Scientific Meeting
to be held within the AH&MRC 2008 Congress
16-21st November
Brisbane Convention & Exhibition Centre



ANZORS TRAVEL GRANT APPLICATION FORM

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Title of
Abstract: _____

Institution: _____ Course currently enrolled in: _____

Current
position: _____

Telephone No.(Work): _____ Email: _____

I confirm that I have registered for the AH&MRC meeting: Yes No

I confirm that I am the presenting and first author of a paper at ANZORS: Yes No

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

I confirm that I am employed at Lecturer level or below: Yes No

Signature of applicant: _____

Supervisor/Head of Department Name: _____

Supervisor/Head of Department Signature: _____

Date: _____

PLEASE CHECK THAT YOU HAVE COMPLETED ALL THE RELEVANT DETAILS AND SEND THIS FORM TO:

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