



INTERNATIONAL
ASSOCIATION OF
THERAPEUTIC DRUG
MONITORING AND
CLINICAL TOXICOLOGY

IATDMCT INTERNATIONAL TRAVEL GRANTS

Application Form

PLEASE SUBMIT BEFORE APRIL 30th OF THE CONGRESS YEAR

The committee will send letters of notification to applicants by June 30.

Before completing this form, please read the Terms of Reference for the awards.

Name: _____

Place of Work: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

I am applying as:

- A scientist with 10 years or less experience in the field (*attach statement from supervisor indicating applicant's experience*) OR
- Resident of Developing Country

How long have you been a member of IATDMCT? _____

Have you attended an IATDMCT Congress before? Yes No

Do you plan to submit/Have you submitted an abstract? Yes No

Available Resources: (*please list information about other resources available for the applicant to attend the Congress. Applicant must be able to pay for airfare and other expenses related to travel to the Congress*)



Intended Outcome: *(please include a statement on the benefits of attending the Congress to you personally, and an outline of how you plan to pass on these benefits to other scientists in your country)*

Date: _____ Signature: _____

Please enclose:

- 1) Completed application form including completion of Available Resources and Intended Outcomes
- 2) a current C.V.;

Send to: Elizabeth Hooper
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