APPLICATION TO THE UNIVERSITY OF SYDNEY CANCER RESEARCH NETWORK FOR CONFERENCE SUPPORT

Important notes

- You are not required to complete this form if your only request is for assistance to advertise a cancer-related conference. Please forward the conference details to the Cancer Research Network Office at cancer-research@med.usyd.edu.au.
- When completing this form, please refer to the *Guidelines for Conference Support document* for more information. Please direct all queries regarding conference support to the Cancer Research Network Office at cancer-research@med.usyd.edu.au or on (02) 9114 1943.
- Applicants are required to submit **one electronic copy of their application.** The electronic copy should be emailed to cancer-research@med.usyd.edu.au. You will receive receipt of your application.

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| Closing date | |
| No deadline. Applications will be accepted on an | ad-hoc basis. |
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| 1. CONFERENCE NAME, DATE AND LOCATION | |
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| 2. WHO IS AUSPICING THE CONFERENCE? WHO LOSS)? | IS UNDER-WRITING THE CONFERENCE (IF IT MAKES A |
| Please include details about the organisation(s)/g conference (if it makes a loss). | groups(s) that are auspicing and under-writing the |
| | |
| 3. IMPACT | |
| | cted impact of this conference. Please include details of not the conference is multi-disciplinary, and relevance to niversity of Sydney. |
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| 4. CONTACT DETAILS OF APPLICANT | |
| Surname | |
| First name | |
| Title | |
| Full Institutional Address | |
| Office Telephone | |
| Mobile Telephone | |
| Facsimile | |
| Email | |
| Appointment Held | |
| | |

| 5. DETAILS OF CONFERENCE SUPPORT AND SPONSORSHIP |
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| Please provide details of all support (confirmed and anticipated) from all other sources (including direct and "in-kind") for the conference. You are not required to complete Questions 5 and 7 if your request is for advertising assistance only. |
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| Add additional rows to this table if required. |
| Please attach a draft budget for the conference including anticipated income (from sponsorship and registrations) and estimated expenditure as evidence of sufficient institutional resources, infrastructure, and demonstrated capacity to support the proposed conference. |
| 6. DETAILS OF CONFERENCE SUPPORT REQUESTED |
| Please provide details of the support you are requesting from the Network (e.g. assistance with advertising, conference management advice, practical assistance, financial support). |
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| 7. BENEFITS TO THE NETWORK |
| Please provide details of the expected benefits to the Network (e.g. formal acknowledgement of support |
| during a conference session, on the conference website and/or in the conference program; advance notice to Network members of the conference program; and/or discounted registration for Network members) |
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| 8. RELATIONSHIP WITH THE UNIVERSITY OF SYDNEY |
| Please describe your (the Applicant's) relationship with the University of Sydney (e.g. employee, employee of teaching hospital with a University of Sydney academic appointment, employee of research institute with a University of Sydney academic appointment) |
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| 9. SIGNATURE |
| I am a member of the University of Sydney Cancer Research Network and the Conference Organising Committee (or Program Committee) of the conference for which support is being requested. |
| I understand that any support provided will be negotiated with the Cancer Research Network Management Committee on a case-by-case basis. |
| Applicant DATE |
| CHECKLIST OF ATTACHMENTS |

Draft budget for the conference including all anticipated income and expenses