

British Andrology Society

Application for a Conference Grant

Name: _____

Title: _____

Address:(Institute/Hospital)

Daytime tel.: _____

Details of meeting you wish to attend:

Venue: _____

Dates: _____

Do you have any other funding to attend this meeting: Yes / No

If Yes, source of funding: _____

Amount: _____

How long have you been a BAS member: _____

Reasons/benefits for attending the meeting: (continue on separate sheet if necessary)

Please return this form to:
Professor Sheena E. M. Lewis
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School of Medicine
Queen's University Belfast
Institute of Clinical Science
Grosvenor Road
Belfast BT12 6BJ
N. Ireland

Please acknowledge funding from the BAS on papers and posters at presentations.