

2019 ORADE APPLICATION FORM:

To apply for an ORADE educational grant, please complete the following information AND attach a typewritten request for selection in a WORD document that does not exceed 250 words. Completed forms are to be emailed to Sandy Kennedy at admin@ontariorheum.ca

Applicant Information		
First & Last Name		
Corporation and HST# (if applicable)		
Mailing Address		
Email Address		
International Scientific Meeting (Funding up to \$5,000)	Name of Meeting: Dates:	
International Rheumatology-related Course (Funding up to \$2,500)	Name of Course: Dates:	

Proposed Budget (In adherence with ORADE Travel Guidelines)	Estimate
Conference Registration	
Airfare	
Ground Transportation (taxi, train, bus)	
Hotel	
Meals	
Other	
Total	



If succe	essful in receiving financial support from the ORA, I agree to the following:
	I agree to provide a written summary of my key learnings within 6 weeks of attending the event. This summary may be posted on the ORA website
	If requested, I agree to provide a workshop presentation at the ORA November Retreat and/or the ORA AGM
Signatu	ire:
Date:	