



**UNIVERSITY OF
SASKATCHEWAN**

College of Medicine

Office of the Vice Dean of Research
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College of Medicine *OVDR Conference Funding Application Form*

SURNAME:	FIRST NAME:	E-MAIL ADDRESS:
DEPARTMENT:	GROUP/CLUSTER:	TELEPHONE:

EVENT SUMMARY

EVENT TITLE:

START DATE (DD/MM/YR):	END DATE (DD/MM/YR):
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TYPE OF EVENT

PRIMARY FOCUS: Research Teaching Administrative

PRIMARY AUDIENCE: Faculty University Students Administrative Other (specify):

SCOPE (Audience is primarily): International National Provincial University-wide

EVENT PURPOSE: Academic Engagement Administrative Engagement Community Outreach & Engagement Promotional

Please estimate the expected number of participants:

Is this a regularly held event? Yes No Annually Biannually Other

If yes, please indicate the sponsoring organization:

Has this event received funding from the OVDR in the past? Yes No

If Yes, please indicate the date of last allocation:

BRIEF DESCRIPTION OF EVENT

Please indicate the nature, purpose, importance, and relevance to the College of Medicine. Attach conference brochure or flier if available.

EVENT BUDGET

(a) Total Amount requested from *OVDRC Conference Fund* (maximum \$1,000):

\$

Describe how these funds will be used.

(b) Confirmed Sources of Financial Support

Source:

Amount Requested

Amount Confirmed

\$

(c) Requested (unconfirmed) Sources of Financial Support

Source

Amount Requested

\$

TOTAL ANTICIPATED REVENUE: (a + b + c)

\$

PROJECTED EXPENSES (Append details for all.)

Speaker(s) related costs (honorarium)

\$

Promotion and dissemination

\$

Administration

\$

Other (please specify):

\$

TOTAL ANTICIPATED EXPENSES

\$

ANTICIPATED SURPLUS (if any):

\$

Indicate how surplus event generated funds will be used:

CONFIRMED IN-KIND SUPPORT

Source

Estimated Value

Description

SIGNATURE OF APPLICANT: *Note: If application is sent electronically as an attachment, no signature of applicant is required*