## **COCHRANE CANADA SYMPOSIUM 2018**

**Contact details:** 

**Daytime phone number:** 

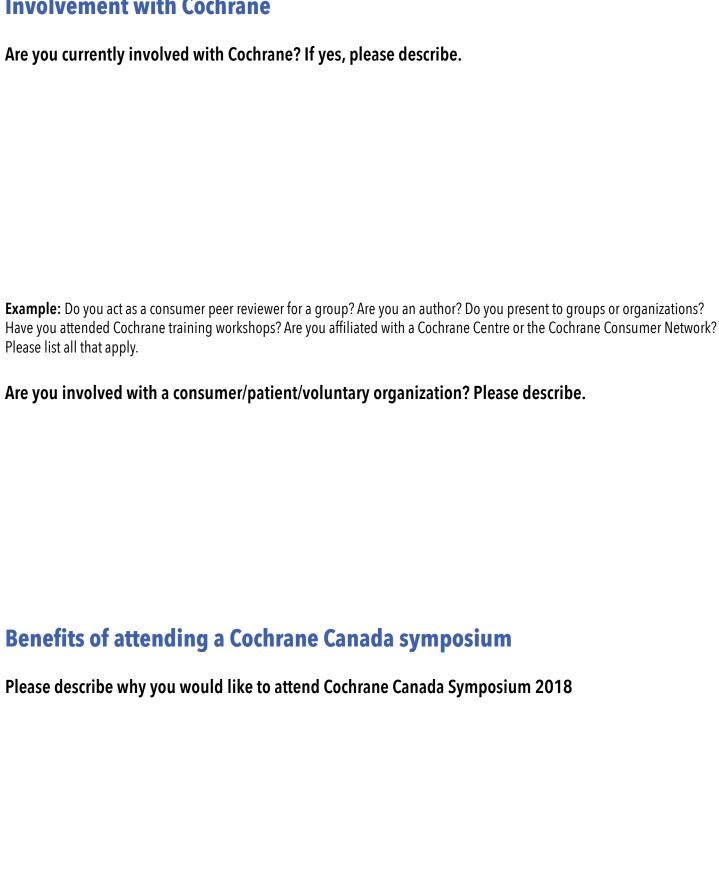


# **Consumer stipend application form**

Please write your answers in the space provided. Email the completed application to canada@cochrane.org.

First name:	
Last name:	
Mailing address:	
City:	
Province/State:	
Postal code/Zip code:	
Country:	

### **Involvement with Cochrane**



Previous symposium attenuance
Have you attended a Cochrane Canada symposium before? If yes, please describe how you shared your experience with other consumers/patients. If no, please describe how you would share your experience.
Previous symposium attendance
Have you ever received a consumer stipend from Cochrane Canada to attend its annual symposium? If you have been funded more than once, please provide us with a list.
you have been funded more than once, please provide us with a list.
Letter of recommendation
Do you have a letter of recommendation from a Cochrane group/entity or a consumer/patient organization?
Please send your letter(s) of recommendation along with your completed application to canada@cochrane.org.

## **Funding request**

### Estimated costs for attending the symposium:

Full cost	Your request
	Full cost

Item	Full cost	Your request
Meal Allowance (Lunch is provided 6-7 June).		
Registration fee (\$300)		
Total support requested (Tally your full estimated costs and your request total).		

Do any items in your request require special explanation? If yes, please explain.

Please indicate other funding sources you may be receiving to help cover the cost of attending Cochrane Canada Symposium 2018.		