

COCHRANE CANADA SYMPOSIUM 2018 CALGARY, ALBERTA, JUNE 6-7



Consumer stipend application form

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

Contact details:

First name:

Last name:

Mailing address:

City:

Province/State:

Postal code/Zip code:

Country:

Daytime phone number:

Involvement with Cochrane

Are you currently involved with Cochrane? If yes, please describe.

Example: Do you act as a consumer peer reviewer for a group? Are you an author? Do you present to groups or organizations? Have you attended Cochrane training workshops? Are you affiliated with a Cochrane Centre or the Cochrane Consumer Network? Please list all that apply.

Are you involved with a consumer/patient/voluntary organization? Please describe.

Benefits of attending a Cochrane Canada symposium

Please describe why you would like to attend Cochrane Canada Symposium 2018

Previous symposium attendance

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.

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:

Item	Full cost	Your request
<p>Flight (If applicable, economy airfare, including cancellation insurance will be arranged for you. Please include your best estimate here).</p> <p>Also, fill out departure city here:</p>		
<p>Other travel costs (Taxi to/ from airport and hotel. If local to Calgary, add bus, taxi or parking costs here).</p>		
<p>Hotel (Click here for special conference rate).</p> <p>Also, fill out check-in and check-out dates here:</p> <p>Check-in</p> <p>Check-out</p>		

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.