

APPLICATION FOR TRAVEL ASSISTANCE
SEMDSA CONGRESS
(DESSA ONLY)

DEADLINE DATE: 7 FEBRUARY 2015

SURNAME: _____

FIRST NAME: _____

POSTAL ADDRESS: _____

TELEPHONE: HOME: _____
WORK: _____

EMAIL ADDRESS: FAX NO: _____

I AM PRESENTING AN ABSTRACT: CELL NO: _____

TITLE OF ABSTRACT: _____

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INSTITUTION? YES NO

HAVE YOU APPLIED FOR ASSISTANCE FROM A PHARMACEUTICAL COMPANY? YES NO

HOW MUCH ASSISTANCE HAVE YOU BEEN PROMISED? _____

HAVE YOU RECEIVED ASSISTANCE FROM SEMDSA FOR PREVIOUS CONGRESSES? YES NO

REMARKS: _____

FOR OFFICE USE:
DATE RECEIVED: _____

DATE EXECUTED: _____