

## Application Form

All applicants must

- Have current membership with the Clinical Genetics Society.

Maximum awards are currently as follows:

- £250 for UK Meetings
- £500 for European Meetings
- Intercontinental travel- at the discretion of the panel.

### INSTRUCTIONS

- Please send your completed application and your submitted abstract by email to:  
Dr Diana Barralle, [D.Baralle@soton.ac.uk](mailto:D.Baralle@soton.ac.uk)
- The result of your application will be sent to you by email

|                             |                                 |  |
|-----------------------------|---------------------------------|--|
| <b>Full Name:</b>           | <b>Email:</b>                   |  |
| <b>Work Telephone:</b>      | <b>Date of Birth:</b>           |  |
| <b>Work Address:</b>        | <b>Consultant/<br/>Trainee:</b> | <b>If trainee,<br/>Year of training:</b> |
| <b>Present Appointment:</b> |                                 |  |

|   |         |
|---|---------|
| <b>Purpose of journey/name of meeting and location:</b><br>Please attach notice of meeting if available |         |
| Please provide as much detail as possible about the costs of your proposed visit below:                 |         |
| <b>Travel (by least expensive route):</b>   | £ _____ |
| <b>Registration fees:</b>   | £ _____ |
| <b>Accommodation:</b>   | £ _____ |
| <b>Subsistence:</b>   | £ _____ |
| <b>Final Total:</b>   | £ _____ |



# CGS Travel Award

**Details of Accepted Abstract:**

**Title and Authors of Abstract:**

Underline the Presenter. Attach copy of Abstract to form

**Give details of any other contribution you will make to the meeting:** e.g. Chairman, Speaker

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Awards are now being paid directly into your bank account. Please supply the following information (UK banks only, otherwise payment by cheque/draft)

**Bank/Building Society name:**

\_\_\_\_\_

**Name of Account Holder:**

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Sort code:** \_\_\_\_\_

For office use only:

**Award:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Payment Method:** \_\_\_\_\_

Please email application form along with a copy of your abstract, and any evidence to support your application (meeting programme etc) to [D.Baralle@soton.ac.uk](mailto:D.Baralle@soton.ac.uk) .

Successful recipients are asked to acknowledge the CGS for their financial support on their poster and/or oral presentation by displaying the CGS logo. Logos are available from the CGS web curator ([clinicalgeneticsuk@gmail.com](mailto:clinicalgeneticsuk@gmail.com))