



# AUSTRALIAN & NEW ZEALAND SOCIETY OF RESPIRATORY SCIENCE INC.

([www.anzsrs.org.au](http://www.anzsrs.org.au))

*Leading Respiratory Science in Australasia through the 21st Century*

## ANZSRS Annual Regional Allowance Application

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

<b>Region:</b> <input type="checkbox"/> QLD <input type="checkbox"/> NSW/ACT <input type="checkbox"/> VIC <input type="checkbox"/> TAS <input type="checkbox"/> SA/NT <input type="checkbox"/> WA <input type="checkbox"/> NZ	<b>To be used for:</b> <input type="checkbox"/> Symposium <input type="checkbox"/> Half day meeting (regional) <input type="checkbox"/> Extended tutorial session with guest speakers <input type="checkbox"/> Travel Application (regional) <input type="checkbox"/> Inter-laboratory research <input type="checkbox"/> Regional Administration <input type="checkbox"/> Other _____
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**Detailed Description:** Describe actual purpose of funds, including budget for event if appropriate (attach a separate sheet if not enough room)

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### Regional Board Representative(s)

Name (print): \_\_\_\_\_ Name (print): \_\_\_\_\_

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

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

Completed application forms to be returned to:

Danny Brazzale - Hon. Treasurer, ANZSRS

Respiratory Laboratory

Austin Hospital

PO Box 5555

Heidelberg VIC 3073

Australia

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Fax: +61 (2) 9496 3723

Email: [danny.brazzale@austin.org.au](mailto:danny.brazzale@austin.org.au)

### Office Use Only:

Date Application received: \_\_\_\_\_ by \_\_\_\_\_

Application considered at Exec meeting of : \_\_\_\_\_

Approved: Yes / No

Notification sent on: \_\_\_\_\_ by \_\_\_\_\_

Allowance sent on: \_\_\_\_\_ Rec #: \_\_\_\_\_