



AUSTRALIAN & NEW ZEALAND SOCIETY OF RESPIRATORY SCIENCE INC.

www.anzsrs.org.au

Leading Respiratory Science in Australasia through the 21st Century

ANZSRS Annual Regional Allowance Application

Contact Name: _____

Address: _____

Email: _____

Telephone (Work): _____

<p>Region:</p> <p><input type="checkbox"/> QLD</p> <p><input type="checkbox"/> NSW/ACT</p> <p><input type="checkbox"/> VIC</p> <p><input type="checkbox"/> TAS</p> <p><input type="checkbox"/> SA/NT</p> <p><input type="checkbox"/> WA</p> <p><input type="checkbox"/> NZ</p>	<p>To be used for:</p> <p><input type="checkbox"/> Symposium</p> <p><input type="checkbox"/> Half day meeting (regional)</p> <p><input type="checkbox"/> Extended tutorial session with guest speakers</p> <p><input type="checkbox"/> Travel Application (regional)</p> <p><input type="checkbox"/> Inter-laboratory research</p> <p><input type="checkbox"/> Regional Administration</p> <p><input type="checkbox"/> Other _____</p>
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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)

Regional Board Representative(s)

Name (print): _____ Name (print): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Completed application forms to be returned to:

Festival City Conventions Pty Ltd
PO Box 949
KENT TOWN SA 5071
AUSTRALIA

Phone: 08 8363 1307
Phone (A/H): 0414 828 731
Fax: 08 8363 1604
Email: info@fcconventions.com.au
Web: www.fcconventions.com.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 #: _____