

Gairdner Ontario Symposium 2019

**International Health Science Symposium Competition**

**\*Please complete the form below & send with any supporting materials to** [**sarah@gairdner.org**](mailto:sarah@gairdner.org)**\***

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| --- | --- | --- |
| **Organization Information** | | |
| **Proposal Leader(s)** |  | |
| **Partnering Schools, Departments, Organizations, etc.** |  | |
| **Symposium Information** | | |
| **Proposed Symposium Title** |  | |
| **Potential Date(s)**  (Please avoid October 19-23, 2020) |  | |
| **Proposed Location** |  | |
| **Symposium Rationale**  In 500 words or less, please explain why the proposed symposium should be selected for this Grant. *Why should this event be held and how would it benefit the field, the scientific community and the public interest.* |  | |
| **Symposium Programming** | | |
| **Draft Schedule**  Insert or attach as separate document . (.doc/.pdf)  *Please include estimated number and type of sessions (keynotes, lectures, roundtable discussions, social elements, etc.)* |  | |
| **Proposed Speakers**  *Gairdner encourages high-level international representation, local contributors, and diversity at all of our Symposia.* |  | |
| **Do you intend to include any of the following?** |  | |
| Public Lecture | □ Yes □ No □ Under Consideration | |
| Student Outreach | □ Yes □ No □ Under Consideration | |
| Innovative programming | □ Yes □ No □ Under Consideration | |
| **Any available details of above events:** |  | |
| **Symposium Budgeting** | | |
| Please complete the draft budget below to the best of your ability, or attach a financial outline for estimated expenditures and additional funding sources. (.doc/.pdf) | | |
|  | | |
| **Expenses** | | |
| **Type** | **Details** | **Estimated cost** |
| Air Travel |  | 0.00 |
| Ground/Other Transportation |  | 0.00 |
| Accommodations |  | 0.00 |
| Venue |  | 0.00 |
| Catering |  | 0.00 |
| A/V |  | 0.00 |
| Communications & Advertising |  | 0.00 |
| Other: |  | 0.00 |
| Other: |  | 0.00 |
| Other: |  | 0.00 |
| **Estimated Total Expenses:**  0.00 | | |
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| **Potential Funding** | | |
| **Source** | **Estimated Support** | |
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| **Estimated Total Funding:**  0.00 | | |