



CIHR INSTITUTE OF GENDER AND HEALTH (IGH) TRAVEL AWARD – JOINT MEETING OF THE ORGANIZATION FOR THE STUDY OF SEX DIFFERENCES (OSSD) AND THE INTERNATIONAL SOCIETY FOR GENDER MEDICINE (IGM) 2019

Instruction to help you fill out this form

1. Review the IGH website.
2. Complete the following Application Form
3. Print and sign the Application Form and Applicant Consent Form
4. Scan the complete application, and save the PDF file as
LastNameFirstName_OSSD2019_TravelApplication.pdf
5. Send an electronic copy of this application form to the CIHR-IGH contact,
Sherri Lee Jones at sherri.jones@criugm.gc.ca



CIHR-IGH TRAVEL AWARD TO OSSD/IGM: Application Form

1. Applicant Information

Full Name

Affiliation

Address

Telephone number

Email Address

Level of graduate training at the time the work included in this application was completed.

- Masters
- Doctoral
- Post-doctoral
- Other. Please specify. _____

2. Request for Funding Information.

a) Project Title

b) Authors and affiliations



c) Abstract. Please attach a copy of the abstract formatted according to OSSD requirements outlined below.

Margins: 1 inch

Font (all text): Arial 11 point

Title: Use sentence case and bold face.

Author List: List all contributing authors (with degree), with the presenting author’s name in Bold.

Author Affiliations: Use numerical designations for multiple affiliations as superscripts to the authors’ names in the author list.

Abstract: Provide a brief background, clearly state the hypothesis, briefly describe the experimental methods and results, and provide general conclusions. The length should be no longer than 2000 characters (with spaces).

Funding: Provide the funding source for the study.

Contact Information: Provide the street address, telephone number, and email address for the contact person of the study.

d) Statement of funding body/bodies that provided financial support for the project.

3. Breakdown of anticipated expenses.

Note: All expenses should be listed in Canadian Dollars (CAD).

a) Flight Information Estimate.

Please indicate the city and airport code of departure to and from Washington Dulles International Airport. The meeting will take place at the Washington Marriott Georgetown from May 5th to May 8th 2019 in Washington DC. Please plan your flights accordingly.

City and Airport Code To Washington:

City and Airport Code From Washington:

Flights Total Estimate	
-------------------------------	--



b) Ground Transportation Estimates.

Ground transportation includes travel between airport and applicant’s hotel or the conference location.

Ground Transportation Total Estimate	
---	--

c) Accommodations.

Ground Transportation Total Estimate	
---	--

d) Per diem for meals can include

- Meals during transit to Washington
- Meals not included with the conference
- Meals during return transit

Per diem Total Estimate	
--------------------------------	--

e) Additional expenses.

Please identify any additional expenses that are not included elsewhere in the application form.

Additional Expenses Total Estimate	
---	--

Grand Total Estimate	
-----------------------------	--



4. Supplemental Information.

Maximum one page. Please use Arial 11 point.

Applicants are permitted to include a maximum one page of supplementary information that elaborates on the hypotheses, statistical analyses, and results of the sex and gender based analysis components of their abstracts findings. Applicants may also use this space to describe how their data may benefit the health of Canadian men/women, boys/girls and gender-diverse people.

5. Applicant’s Curriculum Vitae.

Maximum 5 pages. Please use Arial 11 point.

Include educational institutions and degrees earned, full publication list, abstract and conference presentations, awards and recognitions. Applicants can include any additional information they deem relevant to show their leadership in the field of sex/gender.

6. Research Supervisor Statement.

Attach a signed, electronic copy of a letter of support from your research supervisor, on institutional letterhead, that explicitly states: 1) consent for submission of the Travel Award application and 2) that they agree the applicant may travel to and present their findings at OSSD 2019 in Washington.

Full name of Research Supervisor

Title of Research Supervisor

Supervisor’s Institutional Affiliation

7. Application Form Signature

Name of Applicant

Signature of Applicant

Date (YYYY MM DD)

--	--