

ANZONA

PO Box 7222 Brendale QLD, 4500 Australia

secretary@anzona.net

ANZONA GRANT APPLICATION

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tle of Presentation:	Title of Presentation:	
ovide details of funds requested:	Provide details of funds rea	uested•
a) Registration: \$		
b) Travel: \$		
c) Accommodation: \$		

Please indicate if you have or are intending to apply for funding from any other source: YES/NO				
If yes, please provide details: Amount \$				
Provide information regarding past receipt of ANZONA grant:				
		5		
Date: Grant Allo	cation: \$			
Date: Grant Allo	cation: \$			
 State Clearly (attach to application): a) Aims, objectives and implications for orthopaedic nursing b) How you plan to disseminate the information gained at the conference as a result of the grant 				
Please attach a copy of the Brochure and Registration Form to your application and return the completed form to:				
Secretary ANZONA PO Box 7222 Brendale QLD, 4500 Australia	<u>OR</u>	secretary@anzona.net		
Monies are allocated in accordance with the "ANZONA Information and Guidelines for Grants". These guidelines are available from the ANZONA website or request from the above address. Members who receive and accept grant monies are required to provide a written report to the ANZONA committee on return.				
Sign:		Date:		

For fund committee use only
Grant: approved / not approved
Grant allocation: \$
Chairperson: