**Clinical Translation Education Group Presents:**

**Introduction to Intellectual Property & Entrepreneurship**

**for Biotherapeutic Scientists**

**Travel Support Application Form**

**DATE:** Friday, September 14, 2018

**LOCATION:** The Chestnut Residence & Conference Centre, 89 Chestnut Street, Toronto, ON M5G 1R1

Please complete all sections below and e-mail your application as a single PDF to OIRM at [oirm@oirm.ca](mailto:info@biocanrx.com), with the subject line: “IP & Entrepreneurship Workshop” by **Wednesday, July 18, 2018.**

**NOTE:** All participants who want to be considered for a travel award must submit an application form. Completed applications will be disseminated to the appropriate CTEG partner organization for review and consideration for a travel award. Selected participants will be informed of their successful application and support by the appropriate organization. Any additional travel policy details will be provided at that time.

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| Please indicate which CTEG partner organization(s) you are affiliated with\*: |
| BioCanRx:  SCN:  OIRM:  OICR:  FFB: |

\* To be eligible for a travel award through BioCanRx, your supervisor must be funded or co-funded via BioCanRx.

\* To be eligible for a travel award through the Stem Cell Network (SCN), you must be a SCN trainee / HQP (i.e. a graduate student, post-doctoral fellow, research associate and/or technician currently working in the field of stem cells and regenerative medicine in a Canadian lab) working on a research project related to stem cells.

\* To be eligible for a travel award through OIRM, your supervisor must be an OIRM member (see [OIRM scientists list](https://oirm.ca/oirm-scientists)).

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| **CANDIDATE INFORMATION** | | | | |
| Title: | Given Name: | | Surname: | |
| Gender:  Female  Male  Non-binary/third gender  Prefer to self-describe:  Prefer not to say | | | Citizenship:  Canadian  Permanent Resident  Other | |
| Position (i.e. MSc Student, PhD Student, PDF, Research Associate, Research Technician, PI): | | Institution name and city: | | |
| Email Address: | | Phone Number: | | |
| **SUPERVISOR INFORMATION** | | | | |
| Title: | Given Name: | | | Surname: |
| Email Address: | | Phone Number: | | |

Please include the following:

* 1. Provide an overview of your current research interest and any previous experience in business development, IP and/or entrepreneurship (max. ½ page).
  2. Describe how the information obtained in this workshop will be utilized to advance your research project or professional development (max. ½ page).
  3. Provide your CV.
  4. Provide a letter of support from your current supervisor (email is sufficient) detailing how your attendance at this workshop will benefit your training and professional development. Letters should be e-mailed directly to OIRM at [oirm@oirm.ca](mailto:oirm@oirm.ca), with the subject line “IP & Entrepreneurship Workshop,” by **Wednesday, July 18, 2018.**