

COLIN WARD AWARD EMERGING STUDENT RESEARCHER AWARD APPLICATION FORM

Family Name:	
Given Name(s):	
Name of your university:	
Your department :	
Address of your university:	
Your telephone number:	
Your email address:	
Are you a PhD student?	
Have you ever attended a TSOP meeting?	
Name of your primary advisor:	
Your advisor's email address:	

CONFERENCE PRESENTATION *(Please note that presentation for this award is optional)*

Are you planning to make a presentation at the TSOP meeting?	
Title of your abstract submitted to the TSOP Annual Meeting:	
Abstract authors:	

HOW ATTENDING TSOP MEETING WILL BENEFIT YOUR RESEARCH? (maximum 2 pages)

