

APPLICATION FOR THE CANADIAN PAIN SOCIETY WORKSHOP/CONFERENCE GRANT

The Canadian Pain Society is pleased to award funds to support the creation of workshops and conferences in the area of pain in Canada. A maximum request of **\$5,000** can be made to this program (there are 4 x \$5000 grants available per year). *A review of applications will be done March 1st and September 1st of each year.* Applications for these grants should be for workshop and/or conferences that represent a unique opportunity to benefit pain research and/or management in Canada and will be of interest to a national and/or international community (i.e., provincial or local meetings will not be considered). Any member of CPS may apply.

Deadlines: March 1st and September 1st

MUST BE TYPED AND EMAILED TO THE OFFICE – NO HANDWRITTEN APPLICATIONS ACCEPTED.

Can be prepared on a separate page but appended materials should not exceed **two (2) pages max.**

NAME OF ORGANIZATION, DEPARTMENT OR GROUP SPONSORING THE REQUEST	
CONTACT NAME, ADDRESS, PHONE, AND EMAIL	
TITLE OF THE WORKSHOP/CONFERENCE	
DATE AND LOCATION OF THE WORKSHOP/CONFERENCE	
PURPOSE AND GOALS OF THE PROPOSED WORKSHOP/CONFERENCE (INC. THE ANTICIPATED BENEFIT TO NATIONAL PAIN MANAGEMENT & AUDIENCE CHARACTERISTICS SUCH AS THE EST. NUMBER OF ATTENDEES AND THEIR BACKGROUND)	
EVALUATION CRITERIA BY WHICH THE APPLICANT WILL MEASURE THE EXTENT TO WHICH THE GOALS HAVE BEEN ACHIEVED	
DETAILED PROPOSED BUDGET (AWARD MAXIMUM OF \$5,000) (INC. ALL EST. MEETING COSTS, ADDITIONAL FUNDING APPLIED FOR, PLANS FOR ANY PROFITS, IF MADE)	
INDICATE HOW YOU WILL ACKNOWLEDGE THE CPS AWARD AT THE WORKSHOP/CONFERENCE	
INCLUDE THE FOLLOWING PARAGRAPH	"I certify that this workshop/conference will acknowledge the financial support of the Canadian Pain Society without representing the project as an official activity of the Canadian Pain Society."
IF RESEARCH IS INVOLVED, INCLUDE THE FOLLOWING PARAGRAPH	"I certify that this workshop/conference will follow all applicable ethical guidelines of the International Association for the Study of Pain."
IF AWARDED...	"I agree to submit a full report detailing the workshop/conference to CPS 30 days following the close of the meeting" (max. 1 page, e.g., whether/how goals were met, benefits to pain management in Canada, national/international interest, summary of attendee evaluations, the final number of attendees, the final budget & profit margins, etc.)
INDICATE TO WHOM THE CHEQUE SHOULD BE MADE PAYABLE TO IF THE AWARD IS APPROVED AND PROVIDE A MAILING ADDRESS	Cheque payable to:
SIGNATURE OF APPLICANT (Email is acceptable)	
DATE	

Revised: JULY 2011