

PACTRIMS Registration ID:

Poster Number (eg. P-1 or O-1):

## 14<sup>th</sup> PACTRIMS CONGRESS 2022 (SINGAPORE) TRAVEL GRANT APPLICATION FORM

Family Name (In BLOCK Letters)	
First Names (In BLOCK letters)	
Nationality (In BLOCK Letters)	
Institution (In BLOCK Letters)	
Email	

### Type (please tick one)

- Specialist/Physician
- Post-Graduate Student/Training Neurologist
- Registrar
- Medical Officer
- Pharmacist
- Nurse
- Other \_\_\_\_\_

### Bank Account Holder Information (Please complete this section in Block Letters and where applicable. **Incomplete information that does not allow PACTRIMS to fully complete the transaction will not be processed.**)

Full Name (underline surname)	
Registered Address	
Contact Number	
Account number or IBAN	
Bank Name	
Bank Address	
Sort Code (UK, USA, Australia, Germany only)	
Swift Code	

Please attach to this form;

- 1) Photocopy of your passport showing your name and nationality
- 2) Proof of your address
- 3) Declaration of proof of five years or less experience as a healthcare professional signed by your Head of Department or Institution

The PACTRIMS Travel Grant is available to the first 25 applicants. Completed applications and accompanying documents must be submitted in person to PACTRIMS Secretariat during the congress dates 24-26 November. Latest submission is noon, 26 November, 2022. The grant will be credited to successful applicants via telegraphic transfer within 90 days after the end of the PACTRIMS Congress. PACTRIMS reserves the right to reject your application if the information is incomplete or the above criteria is not met.

All applications and their contents will be handled in complete confidence by PACTRIMS.

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I, \_\_\_\_\_, confirm that all information given above and attached is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_