



ASCEPT Seminar Grant Application Form

University/Institute	
Department	
Contact name	
Contact email	
Contact phone	
Seminar plan for 2008 e.g. first Monday of every month	
Requesting \$500 towards seminar program	Yes/No
Names of 5 current ASCEPT members	
Requesting \$1000 towards seminar program	Yes/No
Names of 10 current ASCEPT members	
<p>I acknowledge that to receive these funds, I must:</p> <ul style="list-style-type: none"> • Provide a Tax Invoice • Ensure the ASCEPT logo is displayed at all departmental seminars • Ensure the ASCEPT logo is displayed on all paper and electronic flyers advertising the seminar programme • Ensure the ASCEPT membership application form is handed out to all participants who are not ASCEPT members • Encourage all seminar attendees to become ASCEPT members 	
<p>Please note that you are welcome to provide details of your seminar program to the ASCEPT Secretariat. Details will be included in the e-news and on the website which may enable non-departmental members to attend.</p>	
Signed	Date

Return form to ASCEPT secretariat at the address below.

**ASCEPT is the professional and independent society in Australia and New Zealand
with expertise in the use and toxicity of medicines and chemicals**

Website: www.ascept.org
 Email: ascept@clems.com.au
 ABN: 78 008 461 354

Secretariat: CLEMS
 Address: Suite 5, 250 Gore Street, Fitzroy VIC 3065
 Telephone: 61 03 9416 3833
 Facsimile: 61 03 9416 0636



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Once your application has been processed, you will be advised and asked to forward a Tax Invoice. The ASCEPT PowerPoint slide will be provided at this time.

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