**NCOHR Workshops:**



**½-DAY** [**STUDENT**](http://www.ncohr-rcrsb.ca/page.asp?ID=29) **TRAINEE WORKSHOP, July 29, 2015**

**Schmoozing Your Way to a Successful Scientific Career**

and/or

**2-DAY TTC WORKSHOP, July 30-31, 2015**

**Technology, Translation and Commercialization (TTC):**

**Career Paths and Research Funding Opportunities**

**UNIVERSITY OF TORONTO, ON APPLICATION FORM**

**Participation requirements:**

* **Completed Application Form by June 22, 2015**
* **Formal Letter from your supervisor confirming that you are selected to represent your school**
* **All trainees approved to attend the 2-DAY TTC Workshop are requested to provide a POSTER (see details below)**

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| Return this form via email (in Word) to Marina Zubkov ([admin.biomaterials@dentistry.utoronto.ca](mailto:admin.biomaterials@dentistry.utoronto.ca)). Your application will be confirmed by return email. Please let us know if you do not receive a confirmation. If you have any questions, please contact Marina Zubkov | | | | | | | | | |
| **First Name** | |  | **Accommodation has been booked for NCOHR funded participants. Reservations will be needed for:** | | | | | | |
| **Last Name** | |  |
| **Email** | |  | **Jul 29 - Wednesday Night** | | |  | **Jul 31 – Friday Night** | | |
| **School** | |  | **Jul 30 - Thursday Night** | | |  |  | | |
| **Address** | |  | | | | | | | |
| **City, Prov** | |  | **Status:** | | |  | **Faculty** |  | **Student** |
| **Postal Code** | |  | **Program of Study (if student):** | | |  | **Masters** |  | **PhD** |
| **Phone** | |  | **Gender:** | | |  |  |  |  |
| **Special Dietary Needs** | |  | | | | | | | |
| Please indicate if you do NOT give the conference organizers permission to use all registration information and/or photos of you or your poster for media/web or written materials.­­­\_\_\_\_\_\_\_ | | | | | | | | | |
| **Have you been selected as a School Rep by your school?** | | If Yes, please attach a formal letter from your supervisor | | | | | | | |
| **Supervisor** |  | | | **Supervisor Title** |  | | | | |
| **Supervisor Email** |  | | | Your supervisor will be notified of your registration by email. | | | | | |
| **Poster Title** |  | | | | | | | | |
| All trainees approved to attend the **2 day TTC workshop are asked to provide** a **POSTER** based on their own research which addresses the following: Title. Authors. Affiliation. Introduction which explains the clinical rationale and impact of research on dentistry and oral health. Hypothesis and objectives. Two key data sets that provide evidence which supports or negates the hypothesis; a discussion which provides the clinical significance of the new data; estimate of the future work and time/resources needed to get the concept or knowledge to clinic. Acknowledgements and References. **Poster size: maximum 6 feet wide by 3 feet high** | | | | | | | | | |
| **Additional Comments** | | | | | | | | | |
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| **Once the application is approved**, workshop attendees are responsible for booking their own ground or air **transportation**. Funded attendees will be reimbursed for travel costs (round-trip flight, ground transportation between airport and workshop venue, mileage, and taxicab or parking costs). **Meals** during the workshop will be provided to **all** attendees. Maximum of three nights’ accommodation will be provided for NCOHR funded attendees. Please ensure you keep all of your receipts prior to returning from your trip: (1) credit/debit card receipt or proof of payment (2) itemized receipts (3) itinerary and boarding pass. Information on travel reimbursement will be emailed to you.  **Workshop attendees funded by their school should make arrangements for their travel and accommodation ASAP** (Toronto will be very busy and highly booked due to the PanAm Games and Caribana during that period). To book student residence at Victoria University, at the University of Toronto, 73 Queen's Park Crescent, contact: accom.victoria@utoronto.ca, T 416-585-4524 | | | | | | | | | |