



GATE
Pain Management
Interest Group
Victoria

APPLICATION FOR SPONSORSHIP TO ATTEND AN APPROVED PAIN CONFERENCE

www.gatevic.org.au

Name: _____

Employer / Position:

Conference details:

Expenses Claimed:

Member of GATE for > 2 years: YES NO

Number of meetings attended in last 2 years: _____

Office Bearer positions held in last 5 years: _____

Subcommittee participation in last 2 years:

Have you previously been granted funding for sponsorship of registration?
If so which year?

YES NO if yes which year? _____

Please attach supporting documents:

*Conference Flyer (supply pre-conference with this application)

*Invoice (supply pre-conference with this document)

*Certificate of attendance (supply post conference)

Applications to the Attention of the Chair: Nicole Gauthier
Email to gatevic@gmail.com