



**SASKATCHEWAN ASSOCIATION OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS**

#11 - 2010 7th Avenue | Regina, SK | S4R 1C2

Phone: (306) 757-3990 / 1 (866) 757-3990 Fax: (306) 757-3986 saslp@ Sasktel.net www.saslp.ca

Conference Fund - Application Form

Sponsoring Organization _____

Address _____

Phone Daytime _____ Evening _____

Contact Person _____

Name of Conference/Event _____

Date of Conference/Event _____

Description of Conference/Event (or attach conference materials - past, proposed or actual)

Target Audience

Prospective/expected attendees from SASLPA or related disciplines

Budget of Program Costs - How will the grant money be used? (e.g., salary, equipment, etc)

Total Amount Requested: \$ _____ (maximum \$ _____)

Return completed form to:

Mail: SASLPA, 11 - 2010 - 7th Avenue., Regina, SK S4R 1C2

E-mail: saslp@Sasktel.net fax: (306) 757-3986

OFFICE USE ONLY

Application Date _____ Date of Council meeting _____

Accepted _____ Rejected _____ Amount of Grant _____

Sponsoring Organization _____ Address: _____

Contact Person _____

Phone - Daytime _____ Evening _____