

**Application for a Workshop in Collaboration with
The TransCanada Institute**

The University of Guelph

Last name

First name

Middle name

Mailing Address

Office Address (if different from above)

E-Mail

Daytime Phone

Evening Phone

**Degrees
Year**

Institution

Title of workshop

Proposed date of workshop

Funding requested

yes

no

Funding applied for

SSHRC

Other

Research results

book

other

Number of participants:

faculty

postdoctoral fellows

doctoral students

Rank

Institutional affiliation

Signature

Date

Department Chair's signature

Date