



# The VADA Program

Visual and Automated Disease Analytics  
Graduate Training Program

## Student Conference Funding Application Form

*Funding of up to \$500 per student is available annually*

### Applicant Information

Name	
Conference Name	
Conference Date	
Conference Location	
Amount Requested from the VADA Program	

### Justification for Conference Attendance/Funding (75 words max)

List any publications/presentations that will be made at the conference. Please provide details about your role in the presentation, whether this is an oral or poster presentation, and whether it is an invited or contributed presentation.

List any other awards or funding you have already applied or secured for the conference



University  
of Manitoba



**NSERC**  
**CRSNG**



University  
of Victoria



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Provide a detailed budget for the conference

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Supervisor Comments (e.g., will the supervisor provide partial funding support? What is the value of the student attending this conference?)

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## Agreement and Signature

The undersigned hereby certify that:

1. If granted funding I will submit original receipts within 10 business days of end of conference and complete the required travel claim form
2. I will acknowledge VADA Program support in any conference related publications or presentations

Student Name (print):	
Student Signature:	
Date:	

## Section to be Completed by the Student's Supervisor

Supervisor Name (print):	
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Supervisor Signature:	
Date:	

## Section to be Completed by the VADA Program Representative

Name (print):	
Supervisor Signature:	
Date:	

### Please submit your application to:

VADA Program Coordinator  
George and Fay Yee Centre for Healthcare Innovation  
Third floor, Chown Building  
753 McDermot Avenue, Winnipeg, MB, Canada R3E 0T6  
Email: [vada.program@chimb.ca](mailto:vada.program@chimb.ca)



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