



#### FUNDING FOR THE ORGANIZATION OF A SCIENTIFIC EVENT BY A MEMBER OF THE VHRN

#### **VISION HEALTH RESEARCH NETWORK**

#### **REPORT**

As a recipient of a grant from the Network, you have committed to send us a report summarizing the usefulness and potential spin-offs for the Network at this event. The goal is to help us document the impact of the VHRN funding programs.

Please send your completed report about 1 month after the event and any other document (scientific program showing the visibility of the Network, pictures, etc.) at: <a href="mailto:reseau.vision@ircm.qc.ca">reseau.vision@ircm.qc.ca</a>

### For additional information, please contact:

Vision Health Research Network Phone number: 514-987-5636 Email: reseau.vision@ircm.qc.ca Web site: visionnetwork.ca

Réseau thématique soutenu par le

Fonds de recherche Santé Québec \*



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## **REPORT**

Please complete the following sections and add the number of lines needed  Date of the competition: □ September □ February Year:
Last name, First name:
Email:
Address:
Phone number:
Axis:
University, Faculty and Department:
Date of the event:
<b>Amount awarded:</b> □ \$ 500 □ \$ 750 □ \$ 1000 □ \$ 1500 Other, specify:
Name of the event:
Number of participants (if available):
Please summarize the usefulness of your grant to this event (half a page maximum).
2. What, in your opinion, will be the potential impact of this event on the Network's visibility?
3. Do you have any suggestions that could improve the visibility of the Network during such an event or other comments?