

FUNDING for MEMBERS

**FUNDING FOR THE ORGANIZATION OF A**

**SCIENTIFIC EVENT BY A MEMBER OF THE VSRN**

2024-2025 Competition

INSTRUCTIONS

**Deadlines: September 30, 2024\***

**February 28, 2025\***

*\*Should these dates fall on a Friday or Saturday, the candidate will have until Sunday night to send the application.*

**Goal**

The objective of this initiative is to provide financial support to members of the Vision Health Research Network (VSRN) who are organizing a dissemination or knowledge transfer event (conference, symposium, provincial, national or international scientific conference, *café scientifique*) in the field of vision research.

**Eligibility**

To qualify for this type of funding:

* The candidate must be an active member of the VSRN;
* He must be the **organizer** or be **part of the organizing committee** for the scientific event;
* The event must have a direct link to vision research.

**Evaluation criteria**

Priority will be given to applications that meet the objectives of the Network:

* + interests and repercussions for the network;
  + international visibility of the network;
  + promotion of infrastructures (valorisation, improvement, advertising);
  + promotion of tissue banks;
  + potential for attracting new collaborators.

Funding will be awarded to the application with the highest impact (i.e. most deserving).

**Amount and number of funding**

Funding of up to $ **1,500** will be awarded. The amount of funding depends on the availability of funds. Only one funding per financial year per axis may be allocated for this program. Prizes or awards are not eligible expenses.

**Commitment**

Any recipient of funding for scientific event must:

* + include the VSRN logo in the program;
  + recognize the support of the VSRN wherever indicated, using one of the following labels, depending on the language of publication and the subject being addressed:
    - " The Vision Sciences Research Network " or " *Le Réseau de recherche en sciences de la vision*"
  + promote the Network during the event, to increase its visibility, to stimulate the interest of potential new members and foster research collaborations;
  + respond to follow-up requests from the VSRN for evaluation of its funding programs.

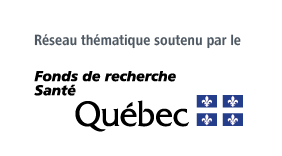
**How to apply**

**The request must include:**

1. The form below, duly completed.
2. Proof of participation in the event as **organizer** (email, official letter, etc.)

Incomplete and / or non-compliant applications will be rejected.

### **Please submit your full application (PDF) or for more information:**

**Vision Sciences Research Network (visionnetwork.ca)

[reseau.vision@ircm.qc.ca](mailto:reseau.vision@ircm.qc.ca)  
Teleworking: 438-825-1425



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FORM

DATES LIMITES:

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**SECTION 1. IDENTIFICATION**

*Please complete the following sections and add the number of lines needed.*

**Title (Mr/Mrs):**

**LAST NAME, First name:**

**Category:**   Researcher  Student Other, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**

**Address:**

**Phone number:**

**University, Faculty and Department:**

**Research axis**:

Biology and Pathology of Vision

Emerging Technologies

Vision Neurosciences

Rehabilitation and Social Issues of Visual Disorders

**SECTION 2. EVENT**

*Please complete the following sections and add the number of lines needed.*

**Date of the event:**

**Amount requested:**  500 $  750 $  1000 $  1500 $ Autre, précisez :\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the event:**

**Event type:**  Conference Congress  *Café scientifique* Symposium  Other:\_\_\_\_\_\_\_\_\_\_

**Web site:**

**Location:**

**Targeted participants:**

**Targeted participation:**  Local  Regional / Provincial  National  International

**Description of the event** (between 250 and 350 words):

**Role of the candidate in the context of the event** (Include any supporting documentation):

**Use of funds** (justify the amount, budget):

Justification:

Budget (add lines if necessary):

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| --- | --- | --- |
| **Expenses category** | **Details** | **Amount** |
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| **Incomes sources** | **Status (pending ou obtained)** | **Amount** |
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**Send your complete application to:**

[reseau.vision@ircm.qc.ca](mailto:reseau.vision@ircm.qc.ca)