



## **BURSARY APPLICATION TO ATTEND A SLEEP CONFERENCE**

Name .....

Job Title .....

Address .....

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Conference Title .....

Date of Conference .....

Please give a brief description letting us know why you think we should agree to provide you with a bursary. Please be aware that a condition of accepting a bursary is that you will be expected to write a brief overview of the conference for the BSS newsletter/website.

**Return to: Mrs Jackie Bennett RPSGT  
Department of Sleep Medicine  
Cheriton House  
The James Cook University Hospital  
Marton Road  
Middlesbrough  
TS4 3BW**