

## Application for MMF Funding (to be emailed to MMF secretary)

Name of Applicant:
Address:
Telephone: Email:
Sponsoring Committee Member:
Hosting Institution:
Date of Application:
Title of Proposed Activity:
Programme of the Proposed Activity (use separate sheet to outline the programme). Please indicate whether speakers have confirmed their involvement.
Dates of Proposed Activity:
Funding required for : 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> MMF members travel <input type="checkbox"/>
Co-funding obtained YES/NO
Co-funding body:
Details of funds obtained from MMF in previous three years:
MMF Use Only:  Dates clash with other MMF event? YES/NO  Decision: Fund 1 day <input type="checkbox"/> Fund 2 days <input type="checkbox"/> Fund members travel <input type="checkbox"/>  Decline to fund <input type="checkbox"/> Reason:  Date:  Applicant & Sponsor informed by MMF Secretary: