



A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Request for Research Funding

Name:

College membership #
(if applicable)

Mailing address:

Email:

Phone:

Fax:

Residents are required to present a short briefing of their research at our AGM or provide a poster

Description of Request:

Amount requested:

Date of application:

Please send completed application by mail, fax or email to: PEI

College of Family Physicians

253 King St. Charlottetown C1E 1T8

Email – rbperry@peicfp.ca

Phone - 902894-2605

Fax - 902 894 3975

Please submit invoices and receipts at completion, for reimbursement.

The executive and board will reply to the request within 2 weeks.

Contact Rose Burke-Perry for further information email above