# Meeting Attendance Grant Supervisor / Line Manager Endorsement

**Please complete this form, ensuring that your home Supervisor or Line Manager completes Sections M, N and O and upload it to your** [**online**](https://mc.manuscriptcentral.com/fems-go) **application.**

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| **A** | **Name of Applicant** | Click or tap here to enter text. |
| **B** | **Applicant e-mail address** | Click or tap here to enter text. |
| **C** | **Home Institution** | Click or tap here to enter text. |
| **D** | **Meeting Title** | Click or tap here to enter text. |
| **E** | **City** | Click or tap here to enter text. |
| **F** | **Country** | Click or tap here to enter text. |
| **G** | **Meeting Start Date** | Click or tap here to enter text. |
| **H** | **Meeting End Date** | Click or tap here to enter text. |
| **I** | **Title of your presentation**  | Click or tap here to enter text. |
| **J** | **Is this an oral presentation or a poster?** | Choose an item. |
| **K** | **Name of home Supervisor /Line Manager** | Click or tap here to enter text. |
| **L** | **E-mail address of home Supervisor /Line Manager**  | Click or tap here to enter text. |

**To be completed by home Supervisor / Line Manager**

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| **M** | **Endorsement statement** **(Please add a brief statement in support of the applicant)** | Click or tap here to enter text. |
| **N** | **Name**  | Click or tap here to enter text. |
| **O** | **Signature** |  |