# 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 |  |