



**Young Professional Grant (YPG)**

**Sponsor Application Form**

**Submission Date: May 23<sup>RD</sup>**

**Sponsor Organization/Company Name:** \_\_\_\_\_

**Contact:**  
**Name/Degrees/Position:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:**  
**Street 1:** \_\_\_\_\_

**Street 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province/Postal Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Sponsorship Amount: \$2,000**

By signing below the Sponsor acknowledges that they will abide by the attached Canadian Healthcare Engineering Society (CHES) Young Professional Grant (YPG) program Terms of Reference.

\_\_\_\_\_  
**Sponsor Contact Signature:**

\_\_\_\_\_  
**Date:**