|  |  |
| --- | --- |
| Full Name |  |
| Institutional Affiliation  |  |
| Telephone Number |  |
| E-mail Address |  |
| Postal Address |  |
| Country of Residence |  |
| Statement in support of the application (max. 250 words)**Please e-mail the completed form to:****psaconference@postcolonialstudiesassociation.co.uk** |
|  |

I confirm the information included in the form is correct and that to the best of my knowledge no relevant information has been withheld. I understand the terms of award, and if this application is successful, agree to abide by them.

Signed……………………………………………

Date………………………………………