## The J. P. Bickell Foundation

## SIGNATORY PAGE · MEDICAL RESEARCH GRANT

(Please complete as a requirement for the online application)

Αl	JTHORIZATION/SIGNATURES	DATE	DATE	
	APPLICANT FULL NAME	SIGNATURE		
A	CO-APPLICANT FULL NAME	SIGNATURE		
	CO-APPLICANT FULL NAME	SIGNATURE		
	UNIVERSITY: DEPARTMENT OF			
В	CHAIRMAN FULL NAME	SIGNATURE		
	UNIVERSITY: FACULTY OF			
	DEAN OR VICE-DEAN FULL NAME	SIGNATURE		
С	HOSPITAL OR UNIVERSITY/HOSPITAL RESEARCH INSTITUTE			
	DIRECTOR OR HEAD FULL NAME	SIGNATURE		
	OFFICE OF RESEARCH ADMINISTRATION			
D	DIRECTOR OR HEAD FULL NAME	SIGNATURE		
	PHONE NUMBER E-MA	IL ADDRESS		
E				
	INSTITUTION'S REGISTERED CHARITABLE BUSINESS NUMBER			

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