AUSTRALASIAN COASTAL RESTORATION NETWORK

ACRN 2026 Abstract Submission & Student Travel Award Application

Presentation Title: []

Presenter(s):
FirstName LastName

Authors:
FirstName LastName[1], FirstName LastName[2]

[1] *[Insert institution address here]*
[2] *[Insert institution address here]*

Contact email address: [insert email address]

Delete as appropriate:
I am happy for my email address to be included in the ACRN 2026 Symposium Program: **Yes/No**

I am submitting my abstract for (*tick one, or both*): ☐ Speed-talk (length TBD) ☐ Science at First Sight**

I wish to submit under the theme (*tick one or more*)**:**

☐ People & Communities

☐ Governance, Coordination & Funding

☐ Environment & Future-Climate

☐ Tools, technologies and approaches

Abstract: *(max 200 words)*

I wish to apply for a Student Travel Award *(see application form below)*: ☐ Yes ☐ No

AUSTRALASIAN COASTAL RESTORATION NETWORK

Student Travel Award Application Form

If successful, this award will cover up to 1,500.00 AUD in Symposium registration fees, transport and accommodation costs to attend the ACRN Symposium held at The University of Adelaide, 22-23 October 2026.

APPLICANT DETAILS

Name	
Supervisor	
University or Institution Address	
Email	
Degree you are enrolled in	

PITCH

Please describe the significance of the work you want to present and its relevance to the ACRN (200 words).

BUDGET:

Please state the amount requested from ACRN (including a justification for the travel route requested) and how you intend to separately meet the costs of conference registration and accommodation (200 words).

Amount requested (AUD): **Justification:**

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STUDENT CONFIRMATION:

I understand that I must attend the symposium to obtain the award, which is capped at 1,500.00 AUD and may only be used towards my ACRN 2026 registration fee, transport and accommodation costs. I acknowledge that to receive the award, I must send my payment details, receipts and final budget to **coastalrestorationnetwork@gmail.com** *after the symposium. I confirm that I am a member of the Australasian Coastal Restoration Network and that the details provided in this application are correct.*

Name:

Signature:

Date:

STUDENT TRAVEL AWARD CHECKLIST

Delete as appropriate:

Are you a member of the Australasian Coastal Restoration Network?	**Yes/No**
Is your application a **single** file (.docx)?	**Yes/No**
Is your application file named appropriately? *(LastName_FirstName_ACRN2026Abstract.docx)*	**Yes/No**

Please email the completed abstract submission to: coastalrestorationnetwork@gmail.com

by 5 pm (AEST) on Thursday, 9th July 2026

ALL APPLICATIONS WILL BE ACKNOWLEDGED BY RETURN EMAIL

APPLICATIONS RECEIVED AFTER THE DEADLINE OR THAT ARE NOT SUBMITTED IN THE REQUESTED FORMAT (SINGLE FILE) OR WHERE WORD LIMITS ARE EXCEEDED WILL NOT BE CONSIDERED.

If you have any questions regarding your application, please contact:

coastalrestorationnetwork@gmail.com

SUBMIT APPLICATION