Resident Request for Conference Presentation Funding Department of Medicine

- There is a \$1,500 cap per resident during their entire residency for expenses related to presentation of scholarly work (travel, meeting registration, poster printing, etc.).
- Project faculty mentors must be approached and be unable to support for the research project.

Procedure:

Resident invited/accepted to present at a national or international scientific meeting

- a) If no stipend exists from the inviting organization, ask the project mentor if funds exist to support this presentation. If not, proceed to the next step to request funding.
- b) Complete this form
- c) Submit with a copy of:
 - Your accepted abstract/presentation
 - The Official abstract acceptance letter
 - Meeting Brochure/Info (website ok)
 - Receipts for travel, hotel, and other requested items
- d) An itemized budget, with request for support

Submission:

Send completed form to Dena Dowhaniuk via e-mail, along with copies of all required supporting documentation listed above.

Decision

If approved, Dena will communicate with the resident and provide instructions for reimbursement processing.

Conference Presentation Funding

To present results of a scholarship project at national scientific meeting as a poster or oral presentation. (includes conference registration fee, airfare, and 1 night of accommodation expenses).

| Presentation Demograp | hics | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------|----------------|------|-------------|--------------------------|--|--|--|
| Study/Project Title: | | | | | | | | |
| Meeting Location: | | | | | | | | |
| Presentation Date: | | | | | | | | |
| Presentation Abstract (enter below) | | | | | | | | |
| (Paste Here) | | | | | | | | |
| Required Attachments (Copies) | | | | | | | | |
| i. Your accepted abstract | | | | | | | | |
| ii. The Official abstract acceptance letteriii. Meeting Brochure (If applicable) | | | | | | | | |
| iv. Travel, accommodation, and conference receipts | | | | | | | | |
| Funding | | | | | Comments (if applicable) | | | |
| Meeting offers travel stipends/awards (Y/N) | | | | Yes 🗆 No | | | | |
| i. If yes has a submission been made for these? (Y/N) | | | | Yes 🗆 No | | | | |
| ii. Was funding secured? (if yes, please include amount) | | | \$ | | | | | |
| Research/Project Faculty Mentor | | Name: | | | | | | |
| | | Academic Rank: | | | | | | |
| | | Division: | | | | | | |
| i. Has request been made for funding through mentor? | | | □ Ye | es 🗆 No | | | | |
| | g secured? (if ye | \$ | | | | | | |
| Additional Funding requested (Note: you will need to provide travel expense receipts to receive re-imbursement) | | | | | | | | |
| Cost Breakdown/Itemized Budget Items* | | | | llar Amount | | | | |
| 1. | | | \$ | | | | | |
| 2. | | | \$ | | | | | |
| 3. | | | \$ | | | | | |
| 4. | | | \$ | | | | | |
| TOTAL AMOUNT REQUESTED (\$) = | | | \$ | | | | | |
| | | | | | | | | |
| | | Faculty Mentor | | | Division Head | | | |
| Signatures | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name | | | | | | | | |
| Academic Rank | | | | | | | | |
| | | | | | | | | |
| Division | | | | | | | | |

There is a \$1,500 cap per resident during their entire residency for travel and publication/manuscript fees.

| For Department Use Only: | | | |
|----------------------------------------------------------------|----------------|-------|--|
| Funding Approved Date: | Funding Denied | Date: | |
| | | | |
| | | | |
| X | | | |
| Terri Hough, M.D., M.Sc. Interim Chair, Department of Medicine | - | | |