

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 provide financial support for your travel expenses.**

Procedure:

| |
|--|
| <p>Resident invited/accepted to present at a national or international scientific meeting</p> <p>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.</p> <p>b) Complete this form</p> <p>c) Submit with a copy of:</p> <ul style="list-style-type: none"> • Your accepted abstract/presentation • The Official abstract acceptance letter • Meeting Brochure/Info (website ok) • Estimate of amount you are requesting (keeping the \$1,500 residency cap in mind) |
| <p>Submission:</p> <p>Send completed form to Dena Dowhaniuk via e-mail, along with copies of all required supporting documentation listed above.</p> |
| <p>Decision</p> <p>Dena will return a decision to the resident as quickly as possible and, if approved, will include instructions for reimbursement processing.</p> |

Conference Presentation Funding Application

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).

| | | |
|---|--|---------------------------------|
| Resident Name: | | |
| Study/Project Title: | | |
| Meeting Location: | | |
| Presentation Date: | | |
| Presentation Abstract: (list title here and include a copy of abstract with request) | | |
| | | |
| Required Attachments (copies): | | |
| i. Your accepted abstract | <input type="checkbox"/> | |
| ii. Official abstract acceptance letter | <input type="checkbox"/> | |
| iii. Meeting Brochure/site link | <input type="checkbox"/> | |
| iv. Travel, accommodation, and conference receipts | <input type="checkbox"/> | |
| Funding | | Comments (if applicable) |
| Meeting offers travel stipends/awards (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| i. If yes has a submission been made for these? (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Was funding secured? (if yes, please include amount) | | \$ |
| Additional Funding requested (Note: you will need to provide travel expense receipts to receive re-imbursement) | | |
| Cost Breakdown/Itemized Budget Items* | Dollar Amount | |
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |
| TOTAL AMOUNT REQUESTED | | \$ |
| | Faculty Mentor | Division Head |
| Signatures | | |
| Name | | |
| Academic Rank | | |
| Division | | |

*The \$1,500 cap per resident is dependent on annual budget projections and subject to change.

PLEASE RETURN COMPLETED FORM TO [Dena Dowhaniuk](#) BEFORE PLANNING ANY TRAVEL.

For Department Use Only:

Funding approved Date: _____ Funding Denied Date: _____

X

 Terri Hough, M.D., M.Sc.
 Chair, Department of Medicine