Emergency Medicine Research Division Funding Assistance

Check and fill all that apply:

☐ Conference Travel ☐ Registration Fees ☐ Supplies	☐ Poster Costs ☐ Salary ☐ Other _____

Name: _____

Expenditure details: _____

Conference Name: _____

Conference Location: _____ Conference Dates: _____

Anticipated Travel Dates: _____ Hotel: _____

Cost/Fee: _____ (If over $500.00, please attach justification)

Name of Accepted Abstract, Type of Presentation, Date of scheduled presentation, all co-authors:
(if possible provide a copy of accepted abstract announcement from conference liaison)
_____

_____ Title: _____
Print Name

_____ Date: _____
Signature

_____ Date_____
Faculty Mentor Signature/Division Director

_____ Date_____
Vice Chair of Research Signature

_____ Date_____
Academic Administrator Signature

Lower traveling costs by volunteering at assigned conference. Choose an economical hotel; room share with a colleague.
Keep all receipts and return to the Research Administrator, Dept. of Emergency Medicine.