Office of Medical Education (OME) Faculty & Staff Travel Award APPLICATION

NAME: 
____________________________________________ Year ___________ I.D.# ____________

EMAIL ADDRESS: _______________________________________________________________

AMOUNT OF REQUEST $ ________________ (up to $3,000)

REASON FOR REQUEST (include how it aligns with OME strategic priorities):

______________________________________________________________________________

______________________________________________________________________________

YOU MUST ALSO PROVIDE THE FOLLOWING INFORMATION, INCLUDE A COPY OF THE INVITATION/ACCEPTANCE TO PRESENT.

Name, date and location of conference: _____________________________________________

Title of project: _________________________________________________________________

Format of presentation (plenary, poster, workshop, etc.): _____________________________

I have explored other opportunities for funding ☑Yes ☐No

If so, please indicate the amount and Program/Department: ___________________________

I certify the above information is correct and that I have reported resources on this application.

SIGNATURE: ___________________________________________ DATE: ______________________

Required Attachment:

- A letter of acceptance or invitation to participate in the meeting/conference.

***PLEASE ATTACH ALL RELEVANT DOCUMENTATION ***