

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 ***