

Molecular Biosciences  
Neurobiology  
Chemistry  
Chemical and Biological Engineering  
Biomedical Engineering

**POSTDOCTORAL TRAVEL AWARD  
APPLICATION FORM**

*Please return both pages of the application with the other application materials to Cathy Prullage in the IBiS office by noon of deadline date.*

**Materials to be submitted with the application**

1. Travel award application form
2. Copy of the abstract that will be submitted for the meeting
3. CV including list of publications (include conference abstracts)

Application deadline date (*select one*): **11/15/16** or **4/3/17** or **7/17/17**

Postdoctoral fellow name: \_\_\_\_\_ Start date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Principal Investigator (PI) name: \_\_\_\_\_

Research topic:

\_\_\_\_\_  
\_\_\_\_\_

Name of the conference: \_\_\_\_\_ Conference date: \_\_\_\_\_

Conference web site: \_\_\_\_\_

I will be (check all that apply):    presenting a poster     giving a talk

Abstract title: \_\_\_\_\_

\_\_\_\_\_

Significance and relevance of the meeting towards future goals:

Anticipated travel expenses (use expense sheet on the next page): \$ \_\_\_\_\_

Amount requested (up to \$500 may be awarded): \$ \_\_\_\_\_

Postdoctoral fellow signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI signature: \_\_\_\_\_

**IBiS TRAVEL AWARD  
TRAVEL BUDGET WORKSHEET**

*Instructions:*

1. Apply to all possible funding sources, including: the Center for Genetic Medicine, the Lurie Cancer Center, your training grant (if applicable), your NU department, and conference travel grants.
2. Refer to the conference website for accurate travel cost information.
3. Try to minimize your travel expenses by using group shuttles instead of individual taxis and by sharing hotel rooms. Please note: reimbursement of hotel charges will be capped at \$150/night, meals at \$35/day. Costs exceeding these caps will be the responsibility of the traveler.
4. IBiS will reimburse only the cost of early conference registration for members. Society memberships cannot be reimbursed.

**PROJECTED COSTS**

<b>Early conference registration fee</b>	\$ _____	
<b>Transportation total</b>		\$ _____
Air/rail fare	\$ _____	
Public Transportation	\$ _____	
Parking/Tolls	\$ _____	
<b>Hotel total</b>		\$ _____
Nightly rate	\$ _____	
# of nights	_____	
<b>Other expenses total</b> (provide detailed list)		\$ _____
_____	\$ _____	
_____	\$ _____	

**TOTAL TRAVEL COSTS** \$ \_\_\_\_\_

***OTHER FUNDING SOURCES:***

I will also be applying for travel funds from (check all that apply):

<input type="checkbox"/> Lurie Cancer Center	- \$ _____
<input type="checkbox"/> Center for Genetic Medicine	- \$ _____
<input type="checkbox"/> Training Grant: _____	- \$ _____
<input type="checkbox"/> NU Department: _____	- \$ _____
<input type="checkbox"/> Others, please specify: _____	- \$ _____

**TOTAL AMOUNT REQUESTED FROM IBiS PROGRAM** \$ \_\_\_\_\_