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**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early conference registration fee</td>
<td>$ __________</td>
</tr>
<tr>
<td>Transportation total</td>
<td>$ __________</td>
</tr>
<tr>
<td>Air/rail fare</td>
<td>$ __________</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>$ __________</td>
</tr>
<tr>
<td>Parking/Tolls</td>
<td>$ __________</td>
</tr>
<tr>
<td>Hotel total</td>
<td>$ __________</td>
</tr>
<tr>
<td>Nightly rate</td>
<td>$ __________</td>
</tr>
<tr>
<td># of nights</td>
<td>____________</td>
</tr>
<tr>
<td>Other expenses total (provide detailed list)</td>
<td>$ __________</td>
</tr>
<tr>
<td></td>
<td>$ __________</td>
</tr>
<tr>
<td></td>
<td>$ __________</td>
</tr>
</tbody>
</table>

**TOTAL TRAVEL COSTS** $ __________

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

- [ ] Lurie Cancer Center - $ __________
- [ ] Center for Genetic Medicine - $ __________
- [ ] Training Grant: ____________ - $ __________
- [ ] NU Department: ____________ - $ __________
- [ ] Others, please specify: ____________ - $ __________

**TOTAL AMOUNT REQUESTED FROM IBiS PROGRAM** $ __________