IBiS 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): 11/16/15 or 4/1/16 or 7/15/16

Student name: ____________________________________________________________

Daytime phone number: __________________________ E-mail address: __________________________

Anticipated date of graduation: ________________ Advisor: __________________________

Research topic (or thesis title):
__________________________________________________________________________

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: $__________________________

Student signature: __________________________________ Date: __________________

Advisor signature: ____________________________________________________________
IBiS TRAVEL AWARD
TRAVEL BUDGET WORKSHEET

Instructions:
1. Apply to all possible funding sources, including: The Graduate School, 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 $20/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>Description</th>
<th>Cost</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>
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<tr>
<td></td>
<td>$ ___________</td>
</tr>
<tr>
<td>TOTAL TRAVEL COSTS</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

OTHER FUNDING SOURCES:
As a condition of the IBiS travel award I have applied to TGS - $600.00

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 $ ___________