IBiS TRAVEL AWARD
APPLICATION FORM

Please return both pages of the application with the other application materials to Cathy Prullage in the IBiS office.

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)

Student name: ______________________________________________________________

Daytime phone number: __________________________ E-mail address: ________________________________

Anticipated date of graduation: _______________ Advisor: __________________________________________
   \_Year

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 $35/day. Costs exceeding these caps will be the responsibility of the traveler.
4. Conference registration fee support will be limited to the cost of early conference registration for members.

PROJECTED COSTS

Early conference registration fee $_________________

Transportation total $_________________
   Air/rail fare $_________________
   Public Transportation $_________________
   Parking/Tolls $_________________

Hotel total $_________________
   Nightly rate $_________________
   # of nights ___________________

Other expenses total (provide detailed list) $_________________
   $_________________
   $_________________

TOTAL TRAVEL COSTS $_________________

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 $_________________