



Travel Fund Request Form

Department of Pediatrics

Please complete the below information:

Name:

Email:

Please check one of the following.

Student

Resident

Fellow

Other

Sub-specialty (Fellows only):

Year of Training/Med School Year:

Type of presentation:

Poster Presentation

Oral Presentation

Faculty Mentor for Project:

Meeting Name:

Meeting Dates:

Meeting Location:

Date and time of Presentation:

Have you applied for travel awards or similar?

Other funds available to you:

Title of Project:

Author(s) of Project:

Travel authorization submitted: