

Internal Medicine Residency Program
Application for Travel Funds for Residents

NOTE: This form must be completed and submitted to the Program office for approval **BEFORE** travel arrangements are made. Timing must be such as to allow the Program to process your request and to allow you to arrange the most economical travel arrangements, i.e. for air travel this would normally be economy class booked at least 6 {six} weeks prior to departure.

FUNDING IS ONLY AVAILABLE IF PRESENTING AT A CONFERENCE

Name: _____ Email: _____

Training Level (please circle): PGY-1 PGY-2 PGY-3 PGY-4

Name of Meeting: _____

Place of Meeting: _____

Date meeting starts: _____ Date meeting ends: _____

Dates you will be attending the meeting: _____

Proof of presentation acceptance attached : Yes ____ No _____

Abstract title (required): _____

Abstract attached : Yes ____ No _____

Signature of trainee Date Signature of Program Director Date

Amount Approved: \$ _____

Reviewed by: Program Manager Date