IBiS TRAVEL AWARD
APPLICATION FORM

Please return both pages of the application with the other application materials listed below to Christina Wagner 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: __________________________________________

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 $55/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 for a TGS Travel Award:
___ Yes
___ No, I have already used two
___ No. Please explain why____________________________________________________

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 $ ________________