## YALE MEDICAL STUDENT TRAVEL APPLICATION FORM TO PRESENT AT A SCIENTIFIC MEETING

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>YMS Year:</th>
<th>Department:</th>
<th>Advisor’s Name:</th>
<th>Student’s Telephone #:</th>
</tr>
</thead>
</table>

**Purpose of Trip:**

**Name of Meeting:**

**Title of Presentation Including Complete Authorship of Presentation:**

**Did you apply for travel to a meeting where you presented previously?** (Please state number of times):

**Date of Presentation at meeting:**

**Place of Meeting: City, State, Country:**

**Type of Presentation:**

1) Oral Presentation
2) Poster Presentation

**Dates of Meeting:**

From: __________ To: __________

**Travel Dates:**

From: __________ To: __________

- Airfare:
- Registration Fee:
- Lodging:
- Meals:

**Total Estimated Cost:** $________________

**Other Sources of Funding:** Please indicate that Faculty member, or department, or conference award will contribute partially:

**Name Faculty Member:**

**Authorized Signature:**

**Date:**

**Signature of Faculty Member (To be signed once all of the application is filled out):**

**Are you being funded by a YSM Student Affairs interest group?**

YES □ NO □

**If YES, indicate which interest group:**

**Student’s Signature:**

**The application form must be submitted for approval at least 30 days before the trip. Please also include a copy of your abstract submitted and a letter of acceptance to present at the scientific meeting. IMPORTANT: Please note that receipts provided must be less than 120 days old. Receipts older than 120 days will not be reimbursed. If you are using personal funds to purchase airfare, conference fees, etc. that require booking in advance, you do not have to wait until the completion of the trip to submit these expenses.**

(Office Use Only)

**Remarks:**