

DEPARTMENT OF MEDICINE
Bressler-Alpert Society Travel Assistance Request

Please complete the following:

Part A: Travel Application

Part B: Invitation and Study Documentation

Part A: Travel Application

1. Name _____
2. Official University email address _____
3. Contact number ___-_____-_____
4. IM-University Campus Residency ___ IM-South Campus Residency ___ Dermatology Residency ___
Fellowship ___ Program _____
5. PGY ___
6. Dates of Travel: From _____ to _____
7. Purpose for Travel (mark all that apply):
I am a lead presenter ___ I am a co-presenter ___
I am a discussant ___ I am an organizer ___
8. Conference Name _____
9. Presentation Location _____
10. Research Mentor Name _____ Their Monetary Contribution \$ _____

Part B: Invitation to Present and IRB documentation

Submit the following documentation for application review

1. ___ PDF abstract copy.
 2. Attach one of the following to demonstrate your acceptance to present your work at the conference.
___ PDF copy of official conference agenda with your name and project listed *or*
___ PDF copy of the email invitation to present your work *or*
___ PDF copy of the letter inviting you to present your work
 3. ___ PDF copy of the trainee's projected budget for this presentation
 4. ___ PDF copy of IRB approval or exemption
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TO BE COMPLETED BY Residency Coordinator/Manager or Fellowship Coordinator prior to Education Office Submission.

Itemized budget enclosed Y /N Presentation Invitation enclosed Y /N

Qualifies for Bressler- Alpert Society Travel Award based on policy criteria Y /N

Residency Manager or Fellowship Coordinator Signature _____

Program Director (if exceptional case report submission) Approval Signature _____