



Application for Medical Student Research Travel Award

Student Name

Abstract Title

Authors

Student Presenter: Yes No

Participant in:

Medical Student Research Fellowship SPO TL1 IND Research

Meeting Title

Date

Location

Anticipated expenses:

Registration

Abstract submission fee

Lodging

Travel

Submit completed form by email to: sschaefer@ucdavis.edu; cc to jncwang@ucdavis.edu

PLEASE NOTE:

- UCD Travel policy: <http://intranet.ucdmc.ucdavis.edu/somweb/Finance/travel.shtml>
- All reimbursement requests must be submitted within 4 weeks of the end date of the conference.