



Research Presentation Fund Qualification

Must be first or second author to qualify

Request Date: _____

Name: _____ PGY: _____

Conference Name: _____

Conference Dates: Begin: _____ End: _____

Location: _____

Title of Presentation: _____

Author: First Second

Estimated Cost: _____
Costs should include hotel, transportation, per diem, etc.

I certify my resident/fellow is approved to travel and meets the requirements for research presentation funds

Signature of Program Director

Date

**May send email stating resident/fellow meets requirements and is approved to travel instead of completing form.*