1. **Applicant Information and Funding Request**

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| **PDF Name (Last, First)** | **Department/Unit**      |
| **Campus Mailing Address**      | **Email**      | **Phone**      |
| **PDF Appointment Start Date**      | **Supervisor/PI Name**      | **Supervisor’s/PI’s Email**       |
| **Are you eligible for other sources of funding for travel?** | **If yes, please describe:** |
| **[ ]  Yes [ ]  No** |       |

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| --- | --- | --- | --- | --- |
| **Award Amount Request (Maximum $750.00)** | **Conference Date**      | **Conference Name**      | **Conference Location**      | **Type of Presentation** |
| $ |

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| --- |
| **Please enter the abstract accepted by the conference in the space below (Include the title and list all authors)** |
|       |
| **Are you the first author of the above abstract?** **[ ]  Yes** **[ ]  No** | **Is the abstract on research performed while a UBC PDF? [ ]  Yes [ ]  No** |

1. **Applicant Confirmation**

I certify that all information disclosed above is accurate and that I have not been previously in receipt of a PDF Travel Award. I agree to submit a 200 word report to med.research@ubc.ca within 3 weeks of my return, and I grant permission for this report to be publically posted on the PDFO website.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisor Confirmation**

I confirm that, as per the guidelines, this application is eligible for a PDF Travel Award.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To complete your application, please email the following documents to** **med.research@ubc.ca****:**

* Your completed PDF Travel Awards Application Form
* An outline of the conference
* Proof that you will be presenting at the conference