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**](mailto: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