

The Faculty of Rehabilitation Medicine has organized travel support for faculty members to present their research findings at scientific conferences. The following forms of **presentations** are supported: platform/oral, poster, invited roundtable discussion or any scholarly activity. Funding received must be directed towards **scientific conference travel**, accommodation, allowable per diem rates (for travel outside of Edmonton), and conference registration fees.

*This support is intended to supplement travel funds available through departments, grants and professional expense allowance. **Applicants are required to seek funding from these sources first and provide evidence that these funds are insufficient to cover the conference travel costs.***

NOTE: The travel fund **CANNOT** be used to support routine data collection; off campus trips to field sites; off-campus research stations, archives, museums, student workshops; and attend a conference.

VALUE:

Up to \$1000.00

*Only applications for an “upcoming event” will be accepted. Events that have already been attended, prior to submission of the application, **are not eligible.***

ELIGIBILITY REQUIREMENTS:

Applicants must be full time faculty members within the Faculty of Rehabilitation Medicine.

Only completed applications (with required signatures and documentation) supported with a confirmation from the conference organizers of accepted presentation or other scholarly activity, will be reviewed.

Submit your application in person to Shanie Khan in room 3-62 Corbett Hall or by email to roshanie@ualberta.ca.



Faculty Member

Department

Purpose of Travel
(check one)

Platform/Oral

Poster

Panel Discussion/Other

Dates of Travel (mm/dd/yy)

Departure

Return

Name and
Location of
Conference:

Estimate of Travel Costs (include **ALL** expenses in **Canadian dollars**)

*Conference
Registration

Meals

*Airfare

Ground
Transportation

*Accommodation

Other

Total Expenses

*** PROVIDE CONFIRMATION**

Indicate the value and source of any other travel funding you have or will receive:

I have read and understand the eligibility requirements for travel awards and declare that the information given on this application is true and complete, and I understand it is subject to verification.

Applicant
Signature

Date

Department Chair
Signature

Date

For Office Use Only

Date Received: _____

Previous Award: YES NO Decision: YES NO

Amount: \$ _____

Conference Registration Attached: YES NO