**COALS Primary Care Grants for Professional Travel Application Form**

Name:

Position:

Department:

Email:

Phone:

Mailstop:

Departmental person handling travel reimbursement and their phone number:

Please provide the following information about your travel:

1. How will you use this award? Please select all that apply.

|  |  |
| --- | --- |
|  | Additional care at home during your absence |
|  | Care at professional conference or meeting venue |
|  | Travel expenses for individual requiring primary care |
|  | Travel expenses for caregiver |
|  | Other related expenses (explain below) |
|  |  |

1. Provide information regarding the professional conference you will attend (name of conference/meeting, location, dates) and the nature of your participation (talk, poster, session chair, etc.).
2. Describe how this award will assist you in participating in the conference or meeting.
3. Provide a budget for use of the award (up to $500).

|  |  |
| --- | --- |
| Childcare/Adult care | $ |
| Airfare | $ |
| Hotel | $ |
| Other  | $ |
| Total Request | $ |