

FACULTY OF HEALTH
Conference Travel Funds Application Form

Has this conference already happened YES NO

APPLICANT INFORMATION
Name:
School or Department:
Tenured YUFA member <input type="checkbox"/> Untenured YUFA member <input type="checkbox"/>
CONFERENCE DETAILS – Please attach letter of invitation/acceptance or evidence of submission
Title of conference:
Organizing body:
Dates:
Location:
Please describe the nature of your contribution: <input type="checkbox"/> I am presenting a paper <input type="checkbox"/> My student is presenting a paper <input type="checkbox"/> I am organizing, chairing or participating in a session as a panel member <input type="checkbox"/> I am not presenting, but attending for networking purposes

EXPENSES – Please attach official quote for lowest fare and all other relevant materials

Return transportation: \$

Registration fees: \$

Other expenses (please explain): \$

TOTAL REQUESTED: \$

REPORT ON USE OF PAST FUNDS – Only applicants that have previously received a Conference Travel award need to complete this section. Recipients must confirm the use of their previous award before new funds will be granted.

Title of Conference:

Did you use the full amount of your Conference Travel Funds award? Yes No

If no, you will be expected to apply the balance of remaining funds to the current application.

Please submit completed application to hlthrsch@yorku.ca no later than **noon on Thursday, February 1, 2024.**