

Scholarly Activity: Presentation Travel

Abstract Submission & Funding Request Form

Date: _____

Learner Info:

House Staff Name: _____ PGY Level: _____

Email Address (of communicating author): _____

Program Specialty: _____ Total Number of Learners: _____

Program Director Name: _____ Total of Learners that Used Funds: _____

Primary Research Mentor: _____ Total Funds Used: _____

Abstract Info:

Category of Scholarship: Basic Research QI Project Case Report
with patient consent form included

Stage of Submission Type: Draft Final Version

Project must be submitted in an editable format (i.e., Microsoft Word). PDFs will not be reviewed.

Proposed Meeting Info:

PLEASE SPELL OUT ALL INFORMATION – NO ABBREVIATIONS

Abstract Submission Date: _____

*Note: Any abstracts submitted **less than 10 days** prior to the date above will not be reviewed.*

Meeting Name: _____

Sponsoring Society: _____

Location: _____ Event Dates: _____

Meeting Type: National (\$1500) Regional (\$1000) Local (\$500)

By signing below, the Program Administrator certifies that the Program Director has reviewed this submission and gives his/her approval for submission.

Program Administrator: _____
Print Sign Date

**Submit this form with abstract and other requested information to the GME Office via email or to MC 13-34 for Approval.
Notification of approval will be received via email.**

ABSTRACTS APPROVED FOR PRESENTATION:

If your abstract is accepted for presentation, please fill out a Concur Request with all estimated expenses and attach this signed form with the abstract acceptance letter to the Concur Request.