

NAOSMM - APPLICATION FOR TRAVEL FUNDING – 2012

Single application for all available Travel Grants/Funds.

See website for additional rules/ information.

Due postmarked no later than April 20, 2012

Please Print/Type Clearly

As you would like to appear on award plaque or certificate:

Name _____ Title _____

Name of Institution _____

Business Address _____

Phone(_____) _____ Ext _____ Fax(_____) _____

Email _____

Lodging Cost Estimate: # of hotel nights _____ times room rate (tax included) of \$145.30= \$ _____

Or times room rate using room share (tax included) of \$72.65 _____

5 Days Max for regular members, 6 Days Max for committee chairs who must report to the board on Sunday morning.

Sharing a room with another NAOSMM member will increase your award.

I will participate in the room share program. The Committee will pass on your contact info to Mary Toth maryhag@bgsu.edu roommate coordinator. Please contact her as well.

I will not share a room with another NAOSMM member.

Total number consecutive years of dues paying membership in NAOSMM (include present year) _____

Is this your first conference? YES / NO Have you received travel funding in the past? YES / NO

If you have received travel funding in the past, please list which years you have been funded _____

Are you serving on a committee? YES / NO If yes, which one and for how long? _____

Are you presenting or helping at the conference? YES / NO Explain _____

Transportation Cost Estimate – Please attach two sample ticket quotes with travel itinerary for the mode of transportation you plan to use for travel with the applicable conference dates.

Air

Which airport will you be using? _____

How many miles from your place of employment to the airport? _____

How much will one piece of PREPAID luggage cost each way? _____

Seat Selection and taxi costs to/from the airport will not be covered by the travel award. Round trip airfare should be purchased 21 days in advance to keep costs reasonable.

Car

What is the rental fee? _____

If driving, attach a mapquest printout indicating the mileage between your place of employment and the hotel.

Other: Please describe and attach documentation supporting your cost estimate for other modes of transportation

Additional Funding Request:

Please explain special circumstances for any additional funding relating to the costs of transportation or hotel _____

Required to receive consideration for travel funding – please check all boxes:

- I have attached a paragraph detailing why I want to come to the conference and how I think attendance will benefit me.
- I understand that this is a Reimbursement Grant and agree to provide the Treasurer with an itemized account of my travel and lodging expenses no later than two weeks following the conference, using the form that will be provided to me.
- I have attached two sample ticket quotes with travel itinerary for the mode of transportation I plan to use for travel with the applicable conference dates.
- I am requesting a **total** award amount of (Hotel +Transportation - Employer Contribution=)\$_____ Approximate cost of travel \$_____

Notification of awards funding – **please check one box:**

- Email notification of award amount is sufficient.
- I need a formal letter stating the award amount

Signature _____ Date _____
NAOSMM Member

Supervisors Complete:

I certify that the above applicant has my permission to attend at least three full days of this conference and commit to contributing \$_____ towards the cost of lodging and transportation. Note: Funding for meals are the responsibility of the applicant and/or her/his employer.

The registration cost will be funded by the applicant’s employer. Yes No

Signature _____ Date _____

Phone(_____)_____ Ext _____

Please email the complete application to ksmith23@ucmerced.edu or mail to
Karen Smith
UC Merced EHS
5200 N Lake Rd
Merced, CA 95343