

**Max Rady College Of Medicine Student Travel Application  
UGME Funded National and International Conferences/Meetings**

**Name:**

**Student #:**

**Conference/meeting location:**

**Start date:**

**End date:**

<b>Claimable Expense Items</b>	<b>Estimated Expenses</b>
Flight	
Taxi	
Accommodation	
Registration	
Meals	
<b>Total estimated expenses</b>	

Choose Conference Meeting attending:

CFMS Fall AGM

CFMS Spring AGM (ICAM)

Western Dean's

1) How will this experience be of benefit to you?

2) How will this experience benefit the Max Rady College of Medicine?

3) Have you received Max Rady College of Medicine travel funding before?

Yes      No    If yes, when? :

Purpose:

**Declaration:** I declare that all the above information is complete and accurate, and that financial assistance is essential for my participation in the event above. I also permit UGME to verify these statements

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed applications to:** Assistant to the Associate Dean, UGME and Business Manager  
260 Brodie Centre  
727 McDermot Avenue  
Winnipeg, MB R3E 3P5

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**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_

Approved    Yes    No, Reason

Funding amount provided:

Business Manager (signature)

Date:

**Student notified:** Email sent:    Yes    PDF copy sent:    Yes

**UGME:** Copy filed:    Yes