**TMC Network Travel Stipend: Pre-Approval Application Form**

Please complete the following information to apply for pre-approval and include an **abstract** (250 words max) and a **written explanation** (250 words max) indicating how the TMC Network Travel Stipend will assist you. Please send all information at least **6 weeks prior** to the Network event or conference scheduled to the following e-mail address: tmc@msvu.ca

|  |  |
| --- | --- |
| Member Name: |  |
| Member Affiliation: |  |
| Event: |  |
| Date of Event: |  |
| Sponsoring Organization: |  |
| Role in Event: |  |
| **BUDGET** |
| Registration fee: |  |
| Travel (including costs for flights, train, bus, car mileage (km), taxis/airport shuttles, as applicable): |  |
| Accommodation: |  |
| Other expenses: |  |
| Total amount requested: |  |

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Abstract Included

 Funding Explanation Included