NAME ______________________________ TITLE __________________
EMAIL ADDRESS _____________________________________________
DEPARTMENT ________________________________________________

NAME OF MEETING __________________________________________
LOCATION __________________________ COUNTRY ________________
DATES ______________________________________________________

CHECK ALL THAT APPLY AND ATTACH COPY OF INVITATION

KEYNOTE ADDRESS____ INVITED PAPER ______
CONFERENCE PAPER____ PANEL MEMBER ______
MEETING ORGANIZER____ SESSION CHAIR ______
COMMITTEE PARTICIPANT____ OTHER (identify)__________________

Please explain selection process for participation:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please briefly explain how the meeting is of particular benefit to your research and/or professional development.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TITLE OF PRESENTATION________________________________________

FACULTY & STAFF CO-AUTHORS________________________________

STUDENT CO-AUTHORS________________________________________

Please indicate any research grants that support the work________________________________
PROPOSED TRAVEL OTHER THAN TO MEETINGS (e.g., opportunities for access to unique research materials, special collaboration, etc.) Please describe the opportunity in some detail. Additional material can be provided.

PROPOSED TRAVEL BUDGET

Anticipated Costs: Source of Estimate/Explanation

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Air Fare</td>
<td>$____________</td>
</tr>
<tr>
<td>Per Diem</td>
<td>$____________</td>
</tr>
<tr>
<td>(this includes meals and hotel)</td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>$____________</td>
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<tr>
<td>Miscellaneous</td>
<td>$____________</td>
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<tr>
<td>Total</td>
<td>$____________</td>
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MATCHING FUNDS

(Please fill in first three before submitting to chair or director for required matching)

________ Amount committed from research grants or returned indirect costs.

________ Amount awarded by other CLAS or UF unit(_________________________)

Name of Unit

Other Chair/Director initials __________

________ Amount contributed from the meeting organizers/host institute

________ Amount awarded from the department or center (required)

If you have received travel funds from the CLAS Travel Committee in the last year, indicate the amount, when and for what purpose.

Amount ________  Date of Travel ________  Purpose ____________________________

Please have the completed form signed by department chair/center director:

________________________________________________________________________

Department Chair or Center Director/Date