



MEETING REQUEST FORM 2024/2025

RESIDENT: _____

DATES OF TRAVEL: _____

Name of meeting and Location:

- **Attach copy of acceptance letter/email.**
- **Please complete and attach a Travel Funds Request Form**
The Authorization Form must be approved prior to making any travel arrangements (registrations, hotel reservations, flights, etc.).

If presenting abstract/paper or poster) SPONSORING FACULTY MEMBER(S):

Information below completed by Surgery Residency Administration office:

- **Request reviewed by Program Manager and Administrative Chief.**

Final Approval: Program Director

PROGRAM DIRECTOR'S SIGNATURE: _____

Please return completed forms to:

Residency Program Manager
Email or bring to 7320 HSC-S