

**Mission: Lifeline STEMI  
and Acute Stroke Conference  
May 29-30, 2013  
Travel Scholarships**



**Travel Scholarship Application Form**

Requests are on a first come first serve basis until funds are spoken for or reserved.

**Conference Participant:**

Name of Conference Attendee			
Home Mailing Address			
City	State	Zip Code	Cell/Home Phone

**Reimbursement Check:**

Make payable to			
Address to mail check			
City	State	Zip Code	

**Associated Employer or Organization:**

Name of Employer or Organization			
Employer or Organization Address			
City	State	Zip Code	Work Phone

**E-mail address you request to receive travel scholarship/reimbursement notifications:**

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**Travel Time (indicate AM or PM):**

Estimated Date & Time of Departure from Home:	Estimated Date & Time of Return to Home:
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**Travel Support Requested (for those driving to the conference)**

- **Mileage Reimbursement Request.** Number of miles (round trip) you will be traveling from your worksite to the Ramkota Hotel in Bismarck, North Dakota is \_\_\_\_\_.
- **Hotel Reimbursement Request.** Are you planning to stay overnight at the hotel if traveling 120 miles or greater round trip (must have receipt for reimbursement)? Please check one: NO  YES

**Other Information (if applicable)**

- I am sharing a ride with \_\_\_\_\_.
- I am sharing a hotel room with \_\_\_\_\_.

**Note: you will be asked to complete a travel voucher upon the completion of the conference verifying your travel expenses.**