



International immunosuppression & Transplant Skin
Cancer Collaborative
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Travel Grant Application Form

ITSCC Member? Yes No (You must be an ITSCC member to apply)

Name _____

Title(s) _____

Office address _____

City _____ State/Province _____ ZIP _____

Country _____

Office phone _____ Office fax _____

Email _____

TRAVEL DETAILS

Meeting to attend: _____

Dates: _____

Location: _____

Role at meeting: _____

Title of abstract if presenting: _____

Estimated expenses: Registration \$_____ Transportation \$_____ Lodging and food \$_____

Do you have any other funding for attending this meeting (including support from your institution)? If yes, source(s): _____ and amount(s): \$_____

Amount requested (max \$1,000): \$_____

If a travel grant is awarded, I will complete an ITSCC Expense Voucher and provide all documentation required under the ITSCC travel policy. Any published work supported by this travel scholarship should acknowledge the International immunosuppression & Transplant Skin Cancer Collaborative.

Signature

Date

Email completed form to mriordan@itscc.org