

5th Annual OutbreakNet Meeting
At The Snowbird Center and Lodge in Snowbird, Utah,
September 22-24, 2009

Funding Award Request Form

Name: _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

1. Briefly explain how your attendance at this meeting will benefit your public health department.

2. ELC or EIP funds are expected to be used to travel to this meeting. Briefly explain why travel support is needed.

3. Travel funding award may be awarded to cover the cost of coach airfare, hotel, government meal per diem, and ground transportation. Requests for partial funding will be considered more strongly. How much do you anticipate will be needed to cover your travel-related expenses?

1. Cost of roundtrip coach airfare from your location: \$_____

2. Hotel (@ \$102.00 a night): \$_____

3. Government per diem (@ \$54 per day): \$_____

4. Ground transportation: \$_____

Total estimated request \$_____

Return by Fax to 404.639.2205, Attention: Sofiya Khan,
no later than Friday, August 7, 2009.