



Resident Travel Award Reimbursement Form

Guidelines for Reimbursement:

To receive Travel Award money, please submit a copy of all relevant, receipts up to \$1000 USD (or up to \$1300 USD for international residents). Please be sure that all your receipts have your name on them.

You may submit scanned receipts *and* this form by one of the following methods:

- email to administrator@migrainedisorders.org (as an attachment)
- fax to 401-295-9743

Receipts and this form must be received within two (2) months of the last day of the conference.

To receive this reimbursement, we ask that you complete the following questions:

| | |
|-------------------|----------------|
| Name: | Email address: |
| Conference Name : | |
| Conference Dates: | |

Not useful

Neutral

Useful

1. I found this conference :

2. Describe any content relevant to migraine disorders.



3. Please describe any personal contact with a healthcare provider that was helpful:

4. Describe any new ideas relevant to your ENT residency training. Please explain:

5. Would you consider submitting a poster or paper at a neuroscience conference?

6. Describe your interest in neuroscience research:

7. Please explain if you have received any other funding for this conference.

8. If you have any other questions or feedback, please explain below: