**U-RISE Conference Request Form**

COMPLETE and EMAIL to Dr. King at least two weeks prior to early registration date.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Registration Deadline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract Fee & Deadline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to gain from participating in this meeting?

Are you planning to present your research at this meeting? (Y/N)

If your answer is “No” please write a short justification.

Presentation at one conference per year is a requirement of our U-RISE Program.

Must be in addition to URCAD and the Summer Undergraduate Research Fest.

**U-RISE Funds Requested:**

Registration $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract Fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please describe amount and what it will be used for):

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*-- Office Use Only --*

Date Submitted:

U-RISE Requirements completed? (Y/N)

Approved? (Y/N) Date: