NAME _______________________________ TITLE ____________________
EMAIL ADDRESS ____________________________________________
DEPARTMENT ________________________________________________

NAME OF MEETING___________________________________________
LOCATION___________________________ COUNTRY________________
DATES______________________________________________________

CHECK ALL THAT APPLY AND ATTACH COPY OF INVITATION

KEYNOTE ADDRESS_____ INVITED PAPER _____
CONFERENCE PAPER_____ PANEL MEMBER _____
MEETING ORGANIZER_____ SESSION CHAIR _____
COMMITTEE PARTICIPANT_____ OTHER (identify)________________

Please explain selection process for participation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please briefly explain how the meeting is of particular benefit to your research and/or professional development.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

TITLE OF PRESENTATION________________________________________________________________________

FACULTY & STAFF CO-AUTHORS________________________________________________________________

STUDENT CO-AUTHORS______________________________________________________________________

Please indicate any research grants that support the work________________________________________
PROPOSED TRAVEL OTHER THAN TO MEETINGS (e.g., opportunities for access to unique research materials, special collaboration, etc.) Please describe the opportunity in some detail. Additional material can be provided.

PROPOSED TRAVEL BUDGET

Anticipated Costs: 

<table>
<thead>
<tr>
<th>Source of Estimate/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Fare $____________</td>
</tr>
<tr>
<td>Per Diem $____________</td>
</tr>
<tr>
<td>(this includes meals and hotel)</td>
</tr>
<tr>
<td>Registration $____________</td>
</tr>
<tr>
<td>Miscellaneous $___________</td>
</tr>
<tr>
<td>Total $____________</td>
</tr>
</tbody>
</table>

MATCHING FUNDS

(Please fill in first three before submitting to chair or director for required matching)

____________Amount committed from research grants or returned indirect costs.

____________Amount awarded by other CLAS or UF unit(____________________________)

Name of Unit

Other Chair/Director initials __________

____________Amount contributed from the meeting organizers/host institute

____________Amount awarded from the department or center (required)

If you have received travel funds from the CLAS Travel Committee in the last year, indicate the amount, when and for what purpose.

Amount ________ Date of Travel ________ Purpose ____________________________

Please have the completed form signed by department chair/center director:

_____________________________________
Department Chair or Center Director/Date