



COLUMBIA UNIVERSITY

*College of Physicians  
and Surgeons*

Dear Student:

Congratulations on having your research accepted for a conference presentation. We have funds available to assist with the costs of poster printing and conference attendance. However, if your research is related to your Scholarly Project, please use funds from your Scholarly Project budget to defray these costs and use this mechanism only if you have no funds remaining in your Scholarly Project budget.

If your abstract is accepted for a poster presentation, we can contribute \$50.00 toward the cost of poster printing, which will cover most of the cost of printing and shipping if you use the P&S Preferred Poster Vendor, [makesigns.com](http://www.makesigns.com). We have negotiated a special price with this company which will be operative if you use this link: [http://www.makesigns.com/SciPosters\\_Home.aspx?pc=COLUMBIAPS](http://www.makesigns.com/SciPosters_Home.aspx?pc=COLUMBIAPS) or this referral code: **COLUMBIAPS**, and place the order using your columbia.edu email address.

To assist with expenses of conference attendance, we will cover 50% of total costs for transportation, lodging and registration up to a maximum of \$500. For example, if your total costs are \$400, we will cover \$200; if \$1000, we will cover \$500, if >\$1000, we will cover \$500. If your costs exceed \$500, you may want to approach your mentor to see whether their department can also help with expenses. If you are attending more than one conference, we will cover one of them. However, you may check back at the end of June, to see if there is enough funding to cover the 2<sup>nd</sup> conference.

Please note that taxi and food expenses should not be included in your totals. Booking your flight early may help with airfare cost. When possible sharing a room with another student attending the conference also helps.

We require all receipts be submitted before we can dispense funds. Please complete this form to request reimbursement and submit your receipts with the form to avoid any delay in reimbursement.

You may submit your receipts along with your form to Jacqueline Ruiz ([jr2652@cumc.columbia.edu](mailto:jr2652@cumc.columbia.edu)).

Congratulations again on being selected to present your research. It is usually a great experience and I hope you enjoy it!

Dr. Shane

Elizabeth Shane, MD  
Professor of Medicine  
Associate Dean for Student Research  
Vice-Chair of Clinical and Epidemiological Research  
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# Instruction Sheet.

## Funding Application for P&S student travel to present research.

**Name:** → First and Last name here. \_\_\_\_\_

**Date:** → Current Date here. \_\_\_\_\_

**P&S Class:** → P&S Course Information Here \_\_\_\_\_

**UNI:** → Your Columbia uni here. \_\_\_\_\_

### Conference Information

Conference title: → Title of conference here. \_\_\_\_\_

Conference location: → Location of conference here. \_\_\_\_\_

Date of your presentation: → Your presentation date here. \_\_\_\_\_

**Do you have permission from course director to be absent from class/clerkship/elective?** Yes  No  ← Response needed.

### Presentation Information

Title of Presentation: → Your presentation title goes here. \_\_\_\_\_

Extra space for your presentation title goes here. \_\_\_\_\_

Type of presentation (check one): Oral  Poster  ← Response needed.

Author: → Author information goes here. \_\_\_\_\_

Mentor(s): → Your mentor(s) information goes here. \_\_\_\_\_

Department(s): → Department information(s) goes here. \_\_\_\_\_

### Expenses:

Transportation: → Amount only. Do not include taxi in cost. \_\_\_\_\_ Registration: → Amount only. \_\_\_\_\_

Lodging: → Amount only. Do not include food in cost. \_\_\_\_\_ Lab/Department contribution: → Amount only. \_\_\_\_\_

Please attach your abstract for your presentation and return completed form to Dr. Elizabeth Shane [es54@columbia.edu](mailto:es54@columbia.edu).

**Submit Form** ←

This button will submit this form request to Dr. Shane & J. Ruiz via your e-mail browser. Before sending make sure you are attaching your receipts.

This button will clear this form. → **Reset/Clear Form**



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**P&S Class:** \_\_\_\_\_ **UNI:** \_\_\_\_\_

### **Conference Information**

Conference title: \_\_\_\_\_

Conference location: \_\_\_\_\_

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### **Presentation Information**

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Type of presentation (check one): Oral  Poster

Author: \_\_\_\_\_

Mentor(s): \_\_\_\_\_

Department(s): \_\_\_\_\_

### **Expenses:**

Transportation: \_\_\_\_\_ Registration: \_\_\_\_\_

Lodging: \_\_\_\_\_ Lab/Department contribution: \_\_\_\_\_

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**Submit Form**

**Reset/Clear Form**



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**Poster Funding Application for P&S student to present research.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**P&S Class:** \_\_\_\_\_ **UNI:** \_\_\_\_\_

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