



Resident Conference Expense Request Form

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

To be completed by the applicant:

Resident Name: _____

Supervising Faculty Member: _____

Title of Project: _____

Other Department(s): _____

Queen's REB Submission: Yes No To be submitted: Approved:

Conference Name: _____

Conference Location: _____ Conference Date: _____

Accepted Presentation: Yes No

Are you presenting at Conference? Yes No

If this request fulfills the criteria of an accepted presentation AND the applying resident is presenting then this would qualify for the max reimbursed amounts per location.

Ontario (\$1500) North America (\$1800) Outside North America (\$2500)

Following the conference, please submit completed form and supporting receipts to Pam Moore
(pam.moore@kingstonhsc.ca) for approval by the Department Executive Council.