



## 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](mailto:pam.moore@kingstonhsc.ca)) for approval by the Department Executive Council.***