

**SCHOOL OF INFORMATION SCIENCES  
CONFERENCE FUNDING REQUEST FORM**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dept. \_\_\_\_\_ Program \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Term Entered SIS \_\_\_\_\_

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Student Box # \_\_\_\_\_ E-mail \_\_\_\_\_

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Name of Association \_\_\_\_\_

Conference Title \_\_\_\_\_

Conference Dates \_\_\_\_\_ Location \_\_\_\_\_

Are you a member of this association? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Are you a committee member in this association? yes \_\_\_\_\_ no \_\_\_\_\_ Title \_\_\_\_\_

Are you presenting a paper? yes \_\_\_\_\_ no \_\_\_\_\_

Are you on a panel? yes \_\_\_\_\_ no \_\_\_\_\_

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**Estimated cost of this conference:**

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

Travel: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Do you have other sources of **non-personal** funding yes \_\_\_\_\_ no \_\_\_\_\_

Please indicate if you will be sharing accommodations \_ yes \_\_\_\_\_ no \_\_\_\_\_; if yes, please list names below:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Food: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

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You will pay: \$ \_\_\_\_\_

Requesting: \$ \_\_\_\_\_

**-OVER-**

