

Application Form for the NIH-2021 ISMR Travel Awards

Application Checklist:

- 1) This application form
- 2) A brief statement (not to exceed 200 words) on how attending 2021 ISMR relates to your research work and professional career development
- 3) Curriculum vitae

The above documents should be combined into a single PDF file and emailed to Prof. Zion Tse (zion.tse@york.ac.uk) with the email subject of "ISMR Travel Awards." The deadline is Nov 14, 2021; 23:59 US EST.

Eligibility: Applicants have to be current students/trainees at US or oversea institutions. Foreign applicants are encouraged.

Name: _____ Institution: _____

Department: _____

Institution Address: _____

Applicant Contact Information:

Phone Number: _____

Email Address: _____

Home Address: _____

Applicant's Supervisor:

Name: _____

Phone Number: _____

Email Address: _____

Honorific	Professional Classification	Primary Field of Endeavor
<input type="checkbox"/> M.D. student	<input type="checkbox"/> Basic Science	<input type="checkbox"/> Surgery
<input type="checkbox"/> M.D.	<input type="checkbox"/> Translational Science	<input type="checkbox"/> Diagnostics and Therapeutics
<input type="checkbox"/> Ph.D. student	<input type="checkbox"/> Engineering	<input type="checkbox"/> Surgical Robotics
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Clinical Study	<input type="checkbox"/> Rehabilitation and Assistive Robotics
<input type="checkbox"/> Post-doc	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	Professional Affiliations (e.g. IEEE/ASME/IMechE/IET)	

Citizenship:

- U.S. Citizen or Permanent Resident Other (*please indicate*): _____

Gender: _____

- Prefer Not to Answer

Ethnicity:

<input type="checkbox"/> Hispanic or Latino or Spanish Origin	<input type="checkbox"/> Not Hispanic or Latino or Spanish Origin	<input type="checkbox"/> Prefer Not to Answer
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Race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Prefer Not to Answer

Will you be presenting? Yes No Are you an author on a poster? Yes No

If you are an author or a presenter for a poster, please provide the title and the authors for your poster:

Itemized list of anticipated travel expenses (receipt(s) will be required eventually for travel reimbursement):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Applicant Signature: _____

Total \$ _____

Supervisor Signature: _____