NIDCR

Request to submit an Application for Conference and Scientific Meeting Support (R13)

Date_____

Principal Investigator Information

Name _____

Institution _____

Address _____

Phone _____

Email _____

FAX _____

Conference/Meeting Information

Title_____

Dates_____

Location (city, state) _____

Facility (hotel, conference center) _____

Funds requested_____

Estimated overall cost_____

What will NIDCR funds be used for? _____

Estimated number of attendees_____

Estimated number of speakers_____

Intended audience_____

Other sponsoring organizations (professional societies, academic/industrial

partners)_____

_____

_____

_____

| **Conference/Meeting Description** |

| **Purpose of meeting** |
| |

| **Rationale/justification** |
| |

| **Opportunities for students/postdoctoral fellow participation** |
| |

| **Speakers proposed or pending** |
| |

Topics or outline of preliminary agenda