

**Brain Injury Research Center Travel Fellowship Award  
UC Neurotrauma Program Travel Fellowship Award**

APPLICANT NAME and ADDRESS	
E-mail address:	
PURPOSE OF TRIP:	

ARE YOU PRESENTING?      Lecture \_\_\_\_\_ Poster \_\_\_\_\_

DESTINATION: \_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_

ESTIMATED EXPENSES: \_\_\_\_\_

Registration:		Transportation:	
Lodging:		Other:	

Title of Abstract/Authors (300 to 500 word abstract is required for authorization)

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 Title: \_\_\_\_\_

Please leave this section blank

APPROVED BY:		DATE:	
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UCLA Brain Injury Research Center                       UC Neurotrauma Program

Requests for travel must be submitted no later than 30 days prior to travel dates. All travel expenses are subject to the limitations and restrictions of the UCLA Travel Policy, which can be viewed at [www.ucla.travel.edu](http://www.ucla.travel.edu)