

OCEANS 2006/BOSTON

APPLICATION FOR STUDENT TRAVEL ASSISTANCE

To be considered for a travel subsidy, this application AND the signed
Advisor Endorsement form must be received no later than 5pm E.S.T. June 15, 2006.

Fax the completed, signed form to: 617-253-8689
Attention: OCEANS Student Program

Abstract Number: _____

Student Information

Student Name: _____ University/School: _____
(Last, First, MI)

Student Mailing Address: _____ Status (circle one): Undergraduate Graduate

Daytime Phone: _____

Email: _____

Advisor's Contact Information

Advisor Name : _____ University/School: _____
Title: _____ Phone: _____
Address: _____ Email: _____

Funding Request

Transportation

Briefly describe how you will get to Boston: _____

Estimated Costs

Plane Fare: \$ _____
Bus Fare: \$ _____
Other (please describe): \$ _____

Funding available from your institution to subsidize travel: \$ _____

Total Funding Requested (up to \$500) for Travel: \$ _____

US students may request up to \$500USD to offset transportation costs. International students may request up to \$1000USD to offset transportation costs. A complimentary Conference Registration and copy of conference proceedings will be given to all student poster participants. At the conference you will be asked to fill out a travel expense form so that we can reimburse you for approved expenses. You will be responsible for making your own travel reservations.

Housing

Housing will be provided at the conference hotel for those requesting housing, beginning Monday (3pm check in) through Friday morning (10 am check-out time). Students affiliated with schools in the Boston area (<50 miles from the conference center) will not be provided housing. Students will be expected to share a room with another student of the same gender, who is participating in the student poster program. If you would like to share a room with a specific student poster participant, please specify below.

Do you need housing in Boston? Yes No Gender: Male Female
Planned Date of Arrival: _____
Planned Date of Departure: _____ Name of Roommate: _____