**ICIBM 2025 Travel Award Application Form**

**Instruction**

Please complete and email this form to Drs. Lianbo Yu (Lianbo.Yu@osumc.edu) and Maciej Pietrzak (Maciej.Pietrzak@osumc.edu) by July 12, 2025. An email confirmation of receipt will be sent no later than 72 hours after email submissions.

**Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last, First Middle)

**Status (check one)**

\_\_\_ Undergraduate student \_\_\_ Graduate student \_\_\_ Postdoctoral fellow

**Contact Information**

Department: Institution:

City, State, Zip/Postal Code, Country:

Country:

Email: Phone:

**Can your registration fee be covered under institutional/departmental/research funds?**

(Please check one) \_\_\_Yes \_\_\_ No

(If no, please provide supervisor email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Race/Ethnicity (please check one):**

\_\_\_White/Caucasian \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Other

\_\_\_ Prefer not to answer.

**Paper/Abstract Information**

Paper/Abstract ID:

Paper/Abstract Title:

**I hereby certify that this application is complete and correct to the best of my knowledge:**

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Signature Date